

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female Date: \_\_\_\_\_

**Instructions to the child:** You've indicated that you've been bothered by "having little interest or pleasure in doing things" and/or "feeling down, depressed, or hopeless" at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you've been bothered by a list of symptoms **during the past 7 days**. **Please respond to each item by selecting one circle per row.**

<i>In the past SEVEN (7) days...</i>	1 Never	2 Almost Never	3 Sometimes	4 Often	5 Almost Always	Clinician Use Item Score
1. I could not stop feeling sad.						
2. I felt alone.						
3. I felt everything in my life went wrong.						
4. I felt like I couldn't do anything right.						
5. I felt lonely.						
6. I felt sad.						
7. I felt unhappy.						
8. I thought that my life was bad.						
9. Being sad made it hard to do things with my friends.						
10. I didn't care about anything.						
11. I felt stressed.						
12. I felt too sad to eat.						
13. I wanted to be by myself.						
14. It was hard for me to have fun.						
<b>Total / Partial Raw Score</b>						
<b>Prorated Total Raw Score</b>						
<b>T-Score</b>						