The Johns Hopkins Depression Checklist for Children (HDCL-C)

Please enter the name of the person filling out this form

What is your relationship to the patient (e.g., parent, guardian, teacher)?

1. Complains of stomach aches	0	0	0	0	0
2. Pouts and sulks	0	0	0	0	0
3. Appears happy	0	0	0	0	0
4. Unable to make up his/ her mind	0	0	0	0	0
5. Cries often	0	0	0	0	0
6. Moves slowly	0	0	0	0	0
7. Complains of headaches	0	0	0	0	0
8. Demonstrates slow speech	0	0	0	0	0
9. Spends more time with adults	0	0	0	0	0
10. Talks a lot	0	0	0	0	0
11. Spends time alone in room	0	0	0	0	0
12. Carefree in spirit	0	0	0	0	0
13. Self critical	0	0	0	0	0
14. Finds it difficult to leave parents	0	0	0	0	0
15. Enjoys new situations	0	0	0	0	0

Not at all Sometimes Pretty Much Very Much All the Time

16. Forgetful	0	0	0	0	0
17. Easily frustrated	0	0	0	0	0
18. Tires easily	0	0	0	0	0
19. Gets angry	0	0	0	0	0
20. Hostile to others	0	0	0	0	0
21. Sullen	0	0	0	0	0
22. Bowel problems	0	0	0	0	0
23. Cheerful in nature	0	0	0	0	0
24. Nausea or vomiting	0	0	0	0	0
25. Temper outbursts	0	0	0	0	0
26. Neat appearance	0	0	0	C	0
27. Suicidal throughts	0	0	0	0	0
28. Eats poorly	0	0	0	C	0
29. Falls asleep well	0	0	0	0	0
30. Refuses to go to school	0	0	0	0	0
31. Leaves school - "hooks"	0	0	0	0	0
32. Moody or irritable	0	0	0	0	0
33. Talks about fear of parents dying	0	0	0	0	0
34. Works on tasks enthusiastically	0	0	0	0	0
35. Sleeps through the night	0	0	0	0	0
36. Awakens in a.m. earlier than necessary	0	0	0	0	0

37. Needs help from adults	0	0	0	0	0
38. Generally outgoing	0	0	0	0	0