

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

Name of Client

Date (mm/dd/yyyy)

Please enter the name of the person filling out this form

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

	Not at All	Sometimes	Pretty Much	Very Much	All the Time
1. Complains of stomach aches					
2. Pouts and sulks					
3. Appears happy					
4. Unable to make up his/ her mind					
5. Cries often					
6. Moves slowly					
7. Complains of headaches					
8. Demonstrates slow speech					
9. Spends more time with adults					
10. Talks a lot					
11. Spends time alone in room					
12. Carefree in spirit					
13. Self-critical					
14. Finds it difficult to leave parents					
15. Enjoys new situations					
16. Forgetful					
17. Easily frustrated					
18. Tires easily					
19. Gets angry					
20. Hostile to others					

	Not at All	Sometimes	Pretty Much	Very Much	All the Time
21. Sullen					
22. Bowel problems					
23. Cheerful in nature					
24. Nausea or vomiting					
25. Temper outbursts					
26. Neat appearance					
27. Suicidal thoughts					
28. Eats poorly					
29. Falls asleep well					
30. Refuses to go to school					
31. Leaves school - "hooks"					
32. Moody or irritable					
33. Talks about fear of parents dying					
34. Works on tasks enthusiastically					
35. Sleeps through the night					
36. Awakens in a.m. earlier than necessary					
37. Needs help from adults					
38. Generally outgoing					

Please return this form to the office one day prior to your appointment or email it to hwanderson@q.com. Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at www.sendinc.com and mail it securely. You will need to set up an account, which is free. Thank you.