

**ANXIETY AND DEPRESSION SYMPTOMS
ASSESSMENT QUESTIONNAIRE –
RCADS-P-47**

**Version for parents or caregivers of children and
adolescents aged 3 to 17 years old**

Patient's last name		File number	
Patient's first name			
Health insurance number		Exp.	Year Month
Date of birth	Year Month Day	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Address (no., street)		<input type="checkbox"/> X	
City		Postal Code	

Caregiver	Last name	First name
School Grade *		

* 3rd grade of elementary school to 1st year of Cegep or college

► How often do each of these things happen to your child?

1. Answer each item based on the last month or the period of time since your child's last appointment.
2. Use the scale at the top of the table.
3. Answer each item by checking the box that represents your child's situation the best.

Items	Never	Sometimes	Often	Always
	0	1	2	3
1. My child worries about things.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. My child feels sad or empty.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. When my child has a problem, he (she) gets a funny feeling in his (her) stomach.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. My child worries when he/she thinks he (she) has done poorly at something.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. My child feels afraid of being alone at home.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Nothing is much fun for my child anymore.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. My child feels scared when taking a test.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. My child worries when he (she) thinks someone is angry with him/her.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. My child worries about being away from me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. My child is bothered by bad or silly thoughts or pictures in his/her mind.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. My child has trouble sleeping.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12. My child worries about doing badly at school work.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Patient's last name	Patient's first name	File number
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Items	Never 0	Sometimes 1	Often 2	Always 3
13. My child worries that something awful will happen to someone in the family.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14. My child suddenly feels as if he (she) can't breathe when there is no reason for this.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. My child has problems with his (her) appetite.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. My child has to keep checking that he (she) has done things right (like the switch is off, or the door is locked).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. My child feels scared to sleep on his (her) own.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. My child has trouble going to school in the mornings because of feeling nervous or afraid.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. My child has no energy for things.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. My child worries about looking foolish.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. My child is tired a lot.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. My child worries that bad things will happen to him (her).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. My child can't seem to get bad or silly thoughts out of his (her) head.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. When my child has a problem, his (her) heart beats really fast.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25. My child cannot think clearly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
26. My child suddenly starts to tremble or shake when there is no reason for this.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
27. My child worries that something bad will happen to him (her).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
28. When my child has a problem, he (she) feels shaky.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
29. My child feels worthless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
30. My child worries about making mistakes.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
31. My child has to think of special thoughts (like numbers or words) to stop bad things from happening.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Patient's last name	Patient's first name	File number
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Items	Never	Sometimes	Often	Always
	0	1	2	3
32. My child worries what other people think of him (her).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
33. My child is afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
34. All of a sudden my child will feel really scared for no reason at all.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
35. My child worries about what is going to happen.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
36. My child suddenly becomes dizzy or faint when there is no reason for this.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
37. My child thinks about death.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
38. My child feels afraid if he (she) has to talk in front of the class.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
39. My child's heart suddenly starts to beat too quickly for no reason.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
40. My child feels like he (she) doesn't want to move.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
41. My child worries that he (she) will suddenly get a scared feeling when there is nothing to be afraid of.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
42. My child has to do some things over and over again (like washing hands, cleaning, or putting things in a certain order).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
43. My child feels afraid that he (she) will make a fool of him/herself in front of people.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
44. My child has to do some things in just the right way to stop bad things from happening.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
45. My child worries when in bed at night.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
46. My child would feel scared if he (she) had to stay away from home overnight.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
47. My child feels restless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Revised Children's Anxiety and Depression Scale – Parent version – RCADS-P-47 © 2003 Bruce F. Chorpita

Questionnaire completed by:	Date :		
Signature	Year	Month	Day

Section reserved for the practitioner

A. Raw score for separation anxiety symptoms (items: 5, 9, 17, 18, 33, 45 and 46) ..

B. Number of separation anxiety symptom items x

C. Number of answered separation anxiety symptom items (≥ 5)* /

D. Adjusted separation anxiety symptom score =

E. Separation anxiety symptom T Score ** =

F. Is the T score greater than the clinical cut-off value of 65? Yes No

G. Raw score for general anxiety symptoms (items: 1, 13, 22, 27, 35 and 37)

H. Number of general anxiety symptom items x

I. Number of answered general anxiety symptom items (≥ 4)* /

J. Adjusted general anxiety symptom score =

K. General anxiety symptom T Score ** =

L. Is the T score greater than the clinical cut-off value of 65? Yes No

Section reserved for the practitioner

M. Raw score for panic disorder symptoms (items: 3, 14, 24, 26, 28, 34, 36, 39, 41)..

N. Number of panic disorder symptom items **x**

O. Number of answered panic disorder symptom items (≥ 7)* /

P. Adjusted panic disorder symptom score =

Q. Panic disorder symptom T Score ** =

R. Is the T score greater than the clinical cut-off value of 65? Yes No

S. Raw score for social anxiety symptoms (items: 4, 7, 8, 12, 20, 30, 32, 38 and 43)

T. Number of social anxiety symptom items **x**

U. Number of answered social anxiety symptom items (≥ 7)* /

V. Adjusted social anxiety symptom score =

W. Social anxiety symptom T Score ** =

X. Is the T score greater than the clinical cut-off value of 65? Yes No

Y. Raw score for obsessive-compulsive symptoms (items: 10,16, 23, 31, 42 and 44)

Z. Number of obsessive-compulsive symptom items **x**

AA. Number of answered obsessive-compulsive symptom items (≥ 4)* /

BB. Adjusted obsessive-compulsive symptom score =

CC. Obsessive-compulsive symptom T Score ** =

DD. Is the T score greater than the clinical cut-off value of 65? Yes No

Section reserved for the practitioner

EE. Raw score for depression symptoms (items: 2, 6, 11, 15, 19, 21, 25, 29, 40, 47)

FF. Number of depression symptom items x

GG. Number of answered depression symptom items (≥ 8)* /

HH. Adjusted depression symptom score =

II. Depression symptom T Score ** =

JJ. Is the T score greater than the clinical cut-off value of 65? Yes No

KK. Total raw score for anxiety symptoms (lines: A, G, M, S and Y)

LL. Total number of anxiety symptom items x

MM. Total number of answered anxiety symptom items (lines: C, I, O, U and AA) (≥ 27)[†] /

NN. Adjusted total anxiety symptom score =

OO. Total anxiety symptom T Score ** =

PP. Is the total T score greater than the clinical cut-off value of 65? Yes No

QQ. Total raw score for anxiety and depression symptoms (lines: EE and KK)

RR. Total number of anxiety and depression symptom items x

SS. Total number of answered anxiety and depression symptom items (lines: GG and MM) (≥ 35)^{††} /

TT. Adjusted total anxiety and depression symptom score =

UU. Total anxiety and depression symptom T Score ** =

VV. Is the total T score greater than the clinical cut-off value of 65? Yes No

