

**ANXIETY AND DEPRESSION SYMPTOMS
ASSESSMENT QUESTIONNAIRE –
RCADS-25**

**Version for children and adolescents
aged 8 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
Address (no., street)		Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
City		Postal Code	

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

► **How often do each of these things happen to you?**

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

Items	Never	Sometimes	Often	Always
	0	1	2	3
1. I feel sad or empty.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. I worry when I think I have done poorly at something.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. I would feel afraid of being on my own at home.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Nothing is much fun anymore.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. I worry that something awful will happen to someone in my family.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. I am 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
7. I worry what other people think of me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. I have trouble sleeping.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. I feel scared if I have to sleep on my own.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. I have problems with my appetite.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. I suddenly become 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
12. I have to do some things over and over again (like washing my 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

Patient's last name	Patient's first name	File number
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Items	Never	Sometimes	Often	Always
	0	1	2	3
13. I have no energy for things.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14. I suddenly start 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
15. I cannot think clearly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. I feel worthless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. I have 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
18. I think about death.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. I feel like I don't want to move.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. I worry that I 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
21. I am tired a lot.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. I feel afraid that I will make a fool of myself in front of people.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. I have 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
24. I feel restless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25. I worry that something bad will happen to me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Revised Children's Anxiety and Depression Scale – Short version - RCADS-25 © 2003 Bruce F. Chorpita

Questionnaire completed by:	Date :
Signature	Year Month Day

Section reserved for the practitioner

A. Raw score for depression symptoms (items: 1,4,8,10,13,15,16,19,21,24)

B. Number of depression symptom items x

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

D. Adjusted depression symptom score =

E. Depression symptom T Score ** =

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

G. Total raw score for anxiety symptoms (items: 2,3,5,6,7,9,11,12,14,17,18,20,22,23,25)

H. Total number of anxiety symptom items x

I. Total number of answered anxiety symptom items (≥ 13)* /

J. Adjusted total anxiety symptom score =

K. Total anxiety symptom T Score ** =

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

M. Total raw score for anxiety and depression symptoms (lines: A and G)

N. Total number of anxiety and depression symptom items x

O. Total number of answered anxiety and depression symptom items (≥ 21)[†] /

P. Adjusted total anxiety and depression symptom score =

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

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

