

11-ITEM Kutcher Adolescent Depression Scale: KADS-11

NAME: _____ CHART NUMBER: _____

DATE: _____ ASSESSMENT COMPLETED BY: _____

OVER THE LAST WEEK, HOW HAVE YOU BEEN "ON AVERAGE" OR "USUALLY" REGARDING THE FOLLOWING ITEMS:

1. Low mood, sadness, feeling blah or down, depressed, just can't be bothered.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

2. Irritable, loosing your temper easily, feeling pissed off, loosing it.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

3. Sleep Difficulties - different from your usual (over the years before you got sick): trouble falling asleep, lying awake in bed.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

4. Feeling Decreased Interest In: hanging out with friends; being with your best friend; being with your partner / boyfriend / girlfriend; going out of the house; doing school work or work; doing hobbies or sports or recreation.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

5. Feelings of worthlessness, hopelessness, letting people down, not being a good person.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

6. Feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

7. Trouble concentrating, can't keep your mind on schoolwork or work, daydreaming when you should be working, hard to focus when reading, getting "bored" with work or school.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

8. Feeling that life is not very much fun, not feeling good when usually (before getting sick) would feel good, not getting as much pleasure from fun things as usual (before getting sick).

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

9. Feeling worried, nervous, panicky, tense, keyed up, anxious.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

10. Physical feelings of worry like: headaches, butterflies, nausea, tingling, restlessness, diarrhea, shakes or tremors.

0 - Hardly Ever 1 - Much of The Time 2 - Most of The Time 3 - All of The Time

11. Thoughts, plans or actions about suicide or self-harm.

0 - No thoughts or plans or actions 1 - Occasional thoughts, no plans or actions 2 - Frequent thoughts, no plans or actions 3 - Plans and/or actions that have hurt

TOTAL SCORE: