# 11-ITEM Kutcher Adolescent Depression Scale: KADS-11

AME:	CHART NUMBER:					
ATE:		ASSESSMENT COMPLETED BY:				
OVER THE	LAST WEEK, H	OW HAVE YOU BEEN "ON AN	VERAGE" OR "USUALLY" RE EMS:	GARDING THE FOLLOWING		
1. Low mood, sadness, feeling blah or down, depressed, just can't be bothered.						
0 - Hard	] dly Ever	1 - Much of The Time	2 - Most of The Time	3 - All of The Time		
2. Irritabl	e, loosing yo	our temper easily, feeling	pissed off, loosing it.			
0 - Hard	] dly Ever	1 - Much of The Time	2 - Most of The Time	3 - All of The Time		
_		different from your usual awake in bed.	l (over the years before y	ou got sick): trouble		
0 - Hard	] dly Ever	1 - Much of The Time	2 - Most of The Time	3 - All of The Time		
with yo	ur partner /	Interest In: hanging out v boyfriend / girlfriend; go es or sports or recreation.	oing out of the house; do			
0 - Hard	] dly Ever	1 - Much of The Time	2 - Most of The Time	3 - All of The Time		
5. Feeling	s of worthle	ssness, hopelessness, letti	ng people down, not beir	ng a good person.		
0 - Hard	] dly 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			
	not very much fun, not fee ot getting as much pleasur					
0 - Hardly Ever	1 - Much of The Time	2 - Most of The Time	3 - All of The Time			
9. Feeling worried, n	ervous, panicky, tense, key	yed up, anxious.				
0 - Hardly Ever	1 - Much of The Time	2 - Most of The Time	3 - All of The Time			
10. Physical feelings of diarrhea, shakes o	f worry like: headaches, b r tremors.	utterflies, nausea, tingli	ing, restlessness,			
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 s	elf-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:						

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### **OVERVIEW**

The Kutcher Adolescent Depression Scale (KADS) is a **self-report** scale specifically designed to diagnosis and assess the severity of adolescent depression, and versions include a 16-item, a 11-item and an abbreviated 6-item scale.

### SCORING INTERPRETATION

There are no validated diagnostic categories associated with particular ranges of scores. All scores should be assessed relative to an individual patient's baseline score (higher scores indicating worsening depression, lower scores suggesting possible improvement).

#### REFERENCE

LeBlanc JC, Almudevar A, Brooks SJ, Kutcher S: Screening for Adolescent Depression: Comparison of the Kutcher Adolescent Depression Scale with the Beck Depression Inventory, Journal of Child and Adolescent Psychopharmacology, 2002 Summer; 12(2):113-26.

Self-report instruments commonly used to assess depression in adolescents have limited or unknown reliability and validity in this age group. We describe a new self-report scale, the Kutcher Adolescent Depression Scale (KADS), designed specifically to diagnose and assess the severity of adolescent depression. This report compares the diagnostic validity of the full 16-item instrument, brief versions of it, and the Beck Depression Inventory (BDI) against the criteria for major depressive episode (MDE) from the Mini International Neuropsychiatric Interview (MINI). Some 309 of 1,712 grade 7 to grade 12 students who completed the BDI had scores that exceeded 15. All were invited for further assessment, of whom 161 agreed to assessment by the KADS, the BDI again, and a MINI diagnostic interview for MDE. Receiver operating characteristic (ROC) curve analysis was used to determine which KADS items best identified subjects experiencing an MDE. Further ROC curve analyses established that the overall diagnostic ability of a six-item subscale of the KADS was at least as good as that of the BDI and was better than that of the full-length KADS. Used with a cutoff score of 6, the six-item KADS achieved sensitivity and specificity rates of 92% and 71%, respectively—a combination not achieved by other selfreport instruments. The six-item KADS may prove to be an efficient and effective means of ruling out MDE in adolescents.