Santé et Services sociaux Québec

DEPRESSION SYMPTOMS ASSESSMENT QUESTIONNAIRE – RCADS-P-MDD

Version for parents or caregivers of children and adolescents aged 3 to 18 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 ☐ M ☐ F
Address (no., street)	
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 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 0	Sometimes 1	Often 2	Always 3
1. My child feels sad or empty.	☐ 0	☐ 1	☐ 2	☐ 3
2. Nothing is much fun for my child anymore.	☐ 0	☐ 1	☐ 2	☐ 3
3. My child has trouble sleeping.	☐ 0	☐ 1	☐ 2	☐ 3
4. My child has problems with his/her appetite.	☐ 0	☐ 1	☐ 2	☐ 3
5. My child has no energy for things.	☐ 0	☐ 1	☐ 2	☐ 3
6. My child is tired a lot.	☐ 0	☐ 1	☐ 2	☐ 3
7. My child cannot think clearly.	☐ 0	☐ 1	☐ 2	☐ 3
8. My child feels worthless.	☐ 0	☐ 1	☐ 2	☐ 3
9. My child feels like he/she doesn't want to move.	☐ 0	☐ 1	☐ 2	☐ 3
10. My child feels restless.	☐ 0	☐ 1	☐ 2	☐ 3

Patient's last name	Patient's first name	File number

Questionnaire completed by:	**Date :**		
Signature	Year	Month	Day

Section reserved for the practitioner

Total raw score……		
Total number of items ……	**x**	**10**
Number of answered items (≥ 8)* ……	**/**	
Adjusted raw score ……	**=**	
Score T ** ……	**=**	

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

Practitioner's qualitative analysis and commentary:

***** If 3 or more answers are missing, the score of the subscale cannot be used.

****** Use the conversion table to identify the depression symptoms (MDD) T score according to the patient's sex, school grade and raw score. T score cannot be determined for children below 3rd grade of elementary. Use adjusted raw score only.

Questionnaire reviewed by:				**Date:**		
Practitioner's last name	Practitioner's first name	Licence number	Signature	Year	Month	Day