



6-ITEM Kutcher Adolescent Depression Scale: KADS

NAME : _____ DATE : _____

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

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

a) Hardly Ever b) Much of the time c) Most of the time d) All of the time

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

a) Hardly Ever b) Much of the time c) Most of the time d) All of the time

3. 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

a) Hardly Ever b) Much of the time c) Most of the time d) All of the time

4. Feeling that life is not very much fun, not feeling good when usually would feel good, not getting as much pleasure from fun things as usual.

a) Hardly Ever b) Much of the time c) Most of the time d) All of the time

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

a) Hardly Ever b) Much of the time c) Most of the time d) All of the time

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

a) Hardly Ever b) Much of the time c) Most of the time d) All of the time

TOTAL SCORE: _____

If you would like to speak to mental health professional or schedule an appointment please call
(713) 665-9000



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).

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