<u>MODIFIED</u> K-SADS-P DEPRESSION RATING SCALE

Please rate the severity of each symptom during the past two months.

Only rate items 3-10 if they fluctuate with depressed or irritable mood.

For use with the risk calculator, the summary score of each item (including parent and child input) should be summed together. This value should be entered into the on-line form. This modified questionnaire should be administered by a trained clinician.

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1. DEPRESSED MOOD

Refers to subjective feelings of depression based on verbal complaints of feeling depressed, sad, blue, gloomy, very unhappy, down, empty, bad feelings, feels like crying. Do not include ideational items (like discouragement, pessimism, worthlessness), suicide attempts or depressed appearance. Some children will deny feeling "sad" and report feeling only
"bad" so it is important to inquire specifically about each dysphoric affect. Do not count feelings of anxiety or tension.

In the interview with parent, mother's "gut feeling" (empathic sensing) that child frequently feels depressed can be taken as positive evidence of child's depressive mood if parent is not concurrently depressed.

How have you been feeling?
Would you say that you are a happy or a sad child?
Mostly happy or mostly sad?
Have you felt sad, blue, moody, down, very unhappy, empty, like crying?
(ASK EACH ONE).
Is this a good feeling or a bad feeling?
Have you had other bad feelings?
Do you have a bad feeling all the time that you can't get rid of?Have you cried or been tearful? Do you feel (_____) all the time, some of the time? (Percent of time awake: Summation of % of all labels if they do not occur simultaneously).
Does it come and go? How often? Every day?
How long does it last? All day?
How bad is the feeling? Can you stand it? What do you do when you can't stand it?
What do you think brings it on?
Can other people tell when you are sad? How can they tell? Do you look different?

P	C	S	
[ ]	[ ]	[ ]	1 Not at all or less than once a week
[ ]	[ ]	[ ]	2 Slight: Occasionally has dysphoric mood at least once a week for more than 1 hour
[ ]	[ ]	[ ]	3 Mild: Often experiences dysphoric mood at least 3 times a week for more than 3 hours each
[ ]	[ ]	[ ]	4 Moderate: Most days feels "depressed" (including weekends) or over 50% of awake time
[ ]	[ ]	[ ]	5 Severe: Most of the time feels depressed and it is almost painful. Feels wretched
[ ]	[ ]	[ ]	6 Extreme: Most of the time feels extreme depression which "I can't stand."
[ ]	[ ]	[ ]	7 Very Extreme: Constant unrelieved extremely painful feelings of depression

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2. IRRITABILITY AND ANGER

Subjective feeling of irritability, anger, crankiness, bad temper, short-tempered, resentment, or annoyance, externally directed, whether expressed overtly or not. Rate the intensity and duration of such feelings.

Do you get annoyed, and irritated or cranky at little things? What kinds of things?
Have you been feeling mad or angry also (even if you don't show it)? How angry? What kinds of things make you feel angry?Do you sometimes feel angry and/or irritable and/or cranky and don't know why?
Does this happen often?
Do you lose your temper? With your family? Your friends? Who else? At school? What do you do? Has anyone said anything about it?How much of the time do you feel angry, irritable, and/or cranky? All of the time? Lots of the time? Just now and then? None of the time?

When you get mad, what do you think about? Do you think about killing others? Or about hurting them or torturing them? Whom? Do you have a plan? How?

P	C	S	
[ ]	[ ]	[ ]	1 Not at all clearly of no clinical significance.
[ ]	[ ]	[ ]	2 Slight and doubtful clinical significance.
[ ]	[ ]	[ ]	3 Mild: Often (at least 3 times/ 3 hours each week) feels definitely more angry, irritable than called for by the situation, relatively frequent but never very intense. Or often argumentative, quick to express annoyance. No homicidal thoughts.
[ ]	[ ]	[ ]	4 Moderate: Most days feels irritable/ angry or over 50% of awake time. Or often shouts, loses temper. Occasional homicidal thoughts.
[ ]	[ ]	[ ]	5 Severe: At least most of the time child is aware of feeling very irritable or quite angry or has frequent homicidal thoughts (no plan) or thoughts of hurting others. Or throws and breaks things around the house.
[ ]	[ ]	[ ]	6 Extreme: Most of the time feels extremely irritable or angry, to the point he "can't stand it." Or frequent uncontrollable tantrums.
[ ]	[ ]	[ ]	7 Number 6 plus homicidal plan.

3. NEGATIVE SELF-IMAGE

Includes feelings of inadequacy, inferiority, failure and worthlessness, self depreciation, self belittling. **Rate with disregard of how "realistic" the negative self evaluation is.**

How do you feel about yourself?
Are you down on yourself?
Do you like yourself as a person? Why? or Why not?
Describe yourself.
Do you ever think of yourself as ugly? When? How often?
Do you think you are bright or stupid? Why? Do you often think like that?
Do you think you are better or worse than your friends? Is any one of your friends worse than you are?
What things are you good at? Any others?
What things are you bad at? How often do you feel this way about yourself?
What would you like to change about you?

P	C	S	
[ ]	[ ]	[ ]	1 Not at all
[ ]	[ ]	[ ]	2 Slight: Occasional feelings of inadequacy
[ ]	[ ]	[ ]	3 Mild: Often feels somewhat inadequate, or would like to change his looks or brains or his personality
[ ]	[ ]	[ ]	4 Moderate: Often feels like a failure, or would like to change 2 of the above
[ ]	[ ]	[ ]	5 Severe: Frequent feelings of worthlessness or would like to change all 3. Occasionally says he hates himself
[ ]	[ ]	[ ]	6 Extreme: Pervasive feelings of being worthless or a failure. Says he hates himself

4. FATIGUE, LACK OF ENERGY, TIREDNESS

This is a subjective feeling. (**Do not confuse with lack of interest**) (Rate presence even if subject feels it is secondary to insomnia). Differentiate from drowsiness, sleepiness, etc. which should not be rated here.

Have you been feeling tired? How often?
Do you feel tired?
All of the time?
Most of the time?
Some of the time?
Now and then?
Tell me more about this feeling; is it sleepiness or that you just do not have the energy?
Do you spend much time resting? How much?
Do you have to rest?
Do your limbs feel heavy?
Is it very hard to get going? .... to move your legs?

P	C	S	
[ ]	[ ]	[ ]	1 Not at all or more energy than usual
[ ]	[ ]	[ ]	2 Slight: Possible less energy than usual
[ ]	[ ]	[ ]	3 Mild: At times definitely more tired or less energy than usual
[ ]	[ ]	[ ]	4 Moderate: Often feels tired without energy. Has to rest (not sleep) during the day
[ ]	[ ]	[ ]	5 Severe: Almost all the time feels very tired or without energy or spends a great deal of time resting, (not sleeping). Limbs may feel heavy and hard to move
[ ]	[ ]	[ ]	6 Extreme: Constant feeling of extreme fatigue or lack of energy or spends most of the time resting. Limbs feel heavy and hard to move

5. DIFFICULTY CONCENTRATING, INATTENTION, SLOWED THINKING

Complaints (or evidence from teacher) of diminished ability to think or concentrate. **Distinguish from lack of interest or motivation.**

Do you know what it means to concentrate?
Sometimes children have a lot of trouble concentrating. For instance, they have to read a page from a book, and can't keep their mind on it so it takes much longer to do it or they just can't do it, can't pay attention.
Have you been having this kind of trouble?
Is your thinking slowed down?
If you push yourself very hard can you concentrate?
Does it take longer to do your homework?
When you try to concentrate on something, does your mind drift off to other thoughts?
Can you pay attention in school?
Can you pay attention when you want to do something you like?
Do you forget about things a lot more?
What things can you pay attention to?
Is it that you can't concentrate?
or is it that you are not interested, or don't care?

P	C	S	
[ ]	[ ]	[ ]	1 Not at all
[ ]	[ ]	[ ]	2 Slight: Slight and of doubtful clinical significance
[ ]	[ ]	[ ]	3 Mild: Definitely aware of limited attention span but causes no difficulties other than substantially increased effort in schoolwork
[ ]	[ ]	[ ]	4 Moderate: Interferes with school marks. Forgetful
[ ]	[ ]	[ ]	5 Severe: Interferes with school work and most other activities. Can't concentrate even when he wants to. Very forgetful
[ ]	[ ]	[ ]	6 Extreme: Unable to do the simplest tasks, e.g., watch TV, or engage in a conversation

6. PSYCHOMOTOR AGITATION

Includes inability to sit still, pacing, fidgeting, repetitive lip or finger movement, wringing of hands, pulling at clothes, and non-stop talking. **Do not include subjective feelings of tension or restlessness, which** are often incorrectly called agitation. To arrive at your rating, take into account your observations during the interview, the child's report and the parent's report about the child's behavior during the episode.

When you feel so (sad), are there times when you can't sit still, or you have to keep moving and can't stop?
Do you walk up and down?
Do you wring your hands? (demonstrate)
Do you pull or rub on your clothes, hair, skin or other things?
Do people tell you not to talk so much?
Did you do this before you began to feel (sad)?
When you do these things, is it that you are feeling (sad) or do you feel high or great?

Make sure it does not refer to content of speech or acts or to facial expression. Refer only to speed and tempo.

P	C	S	
[ ]	[ ]	[ ]	1 Not at all, retarded, or associated with manic syndrome
[ ]	[ ]	[ ]	2 Slight: Increase which is of doubtful significance
[ ]	[ ]	[ ]	3 Mild: Unable to sit quietly in a chair without fidgeting or pulling and/or rubbing
[ ]	[ ]	[ ]	4 Moderate: Frequent temper tantrums, or marked inability to sit in class, almost always disruptive to some degree
[ ]	[ ]	[ ]	5 Marked: Pacing, hand wringing, or very frequent temper tantrums. Increased activity both at home and school
[ ]	[ ]	[ ]	6 Extreme: Almost constantly moving or pacing about or nonstop talking. Agitated in all settings

7. INSOMNIA

Sleep disorder, including initial, middle and terminal difficulty in getting to sleep or staying asleep.
Do not rate if he feels no need for sleep.

Take into account the estimated number of hours slept and the subjective sense of lost sleep.
Normally a 6-8 year old child should sleep about 10 hours ± 1 hour;
For 9-12 year olds = 9 hours ± 1 hour;
For 12-16 year olds = 8 hours ± 1 hour.

Have you had trouble sleeping? What kind of trouble?
How long does it take you to fall asleep?
Do you wake up in the middle of the night? How many times? Any reason for it (urinating, nightmares)?

At what time do you wake up in the morning?
Is that later or earlier than usual?
Do you wake up before you want, or have to get up? Or before your mother calls you?
Do you feel you would sleep more if you could?

For how long have you been having trouble sleeping?
Are you having this trouble every night? Almost every night?Sometimes? Only now and then?
Do you feel rested when you wake up?
Do you feel not rested through 3 hours after being up?
Have you slept, at some point during the day and been awake during the night, and just could not sleep?

P	C	S	
[ ]	[ ]	[ ]	1 Not at all, or feels no need for any sleep
[ ]	[ ]	[ ]	2 Slight: Occasional difficulty
[ ]	[ ]	[ ]	3 Mild: Often (at least 2 times a week) has some significant difficulty. (At least 1 hour to fall asleep, or bedtime delayed for one hour. No middle or terminal insomnia.)
[ ]	[ ]	[ ]	4 Moderate: Usually has considerable difficulty. (Either at least 2 hours initial insomnia, or any middle or terminal insomnia unrelated to urination, lasting up to half an hour). Feeling of unrestorative sleep
[ ]	[ ]	[ ]	5 Severe: Almost always has great difficulty. Either at least 3 hours initial insomnia or any middle or terminal insomnia lasting over one hour total. Considerable circadian reversal
[ ]	[ ]	[ ]	6 Extreme: Claims he almost never sleeps and feels exhausted the next day or complete circadian inversion

8. TYPES OF INSOMNIA

MIDDLE INSOMNIA: *Difficulty staying asleep, preceded and followed by sleep.*

P: [ ] 1 [ ] 2 [ ] 3 [ ] 4

C: [ ] 1 [ ] 2 [ ] 3 [ ] 4

S: [ ] 1 [ ] 2 [ ] 3 [ ] 4

1= Not present
2= Doubtful (or < 30 minutes)
3= Definitely present, mild to moderate (or 30 munites to 1 1/2 hours)
4= Definitely present, severe (or over 1 1/2 hours)

NON-RESTORATIVE SLEEP: *Does not feel rested upon awakening.*

P: [ ] 1 [ ] 2 [ ] 3 [ ] 4

C: [ ] 1 [ ] 2 [ ] 3 [ ] 4

S: [ ] 1 [ ] 2 [ ] 3 [ ] 4

DAYTIME SLEEPLESSNESS: *Feels drowsy or sleepy during the day.*

P: [ ] 1 [ ] 2 [ ] 3 [ ] 4

C: [ ] 1 [ ] 2 [ ] 3 [ ] 4

S: [ ] 1 [ ] 2 [ ] 3 [ ] 4

9. ANOREXIA

Appetite compared to usual or to peers. Make sure to differentiate between decrease of food intake because of dieting and because of loss of appetite.
Rate here loss of appetite only.

How is your appetite? Do you feel hungry often?
Are you eating more or less than before?
Do you leave food on your plate?
When did you begin to lose your appetite?
Do you sometimes have to force yourself to eat?
When was the last time you felt hungry?
Are you on a diet? What kind of diet?

P	C	S	
[ ]	[ ]	[ ]	1 Not at all - normal or increased
[ ]	[ ]	[ ]	2 Slight: decrease of questionable clinical significance
[ ]	[ ]	[ ]	3 Mild decrease
[ ]	[ ]	[ ]	4 Moderate decrease
[ ]	[ ]	[ ]	5 Rarely feels hungry
[ ]	[ ]	[ ]	6 Never feels hungry

10. WEIGHT LOSS

Total weight loss from usual weight since onset of the present episode (or maximum of 12 months). Make sure he has not been dieting. In the assessment of weight loss it is preferable to obtain recorded weights from old hospital charts or the child's pediatrician. Failure to gain 1.5 kg. over a 6-month period for children between 5 and 11 years old qualifies as weight loss, as does loss of percentile grouping over a 6-month period (Iowa tables). Groupings are: Under 3rd %tile: between 3-10; 10-25; 25-50; 50-75; 75-90; 90-97; and over 97th %tile. Rate this item even if later he regained weight or became overweight. If possible, rater should have verified weights available at time of interview.

Have you lost any weight?
How do you know?
Do you find your clothes are looser now?
When was the last time you were weighed?
How much did you weigh then?
What about now? (measure it).

NOTE: DO NOT RATE POSITIVELY IF CHILD HAS ANOREXIA.

P	C	S	
[ ]	[ ]	[ ]	1 No weight loss (stays in same percentile grouping)
[ ]	[ ]	[ ]	2 Weight loss or failure to gain under 1.5 kg. (3.3 lb.) or doubtful
[ ]	[ ]	[ ]	3 Weight loss plus failure to gain between 1.5 kg-3 kg (3.3 -6.6lb.)
[ ]	[ ]	[ ]	4 Weight loss plus failure to gain 3 kg.-4.5 kg. (6.6-9.9 lb.)
[ ]	[ ]	[ ]	5 Weight loss plus failure to gain between 10-24% of ideal body weight
[ ]	[ ]	[ ]	6 Weight loss of 25% or more of ideal body weight

11. SUICIDAL IDEATION

This includes preoccupation with thoughts of death or suicide and auditory command hallucinations where the child hears a voice telling him to kill himself or even suggesting the method.
Do not include mere fears of dying.

Sometimes children who get upset or feel bad think about dying or even killing themselves.
Have you ever had such thoughts?
How would you do it?
Do you have a plan?
Have you told anybody (about suicidal thoughts)?
When did you start to think about suicide?
Have you actually tried to kill yourself? When? What did you do?
Any other thing? Did you really want to die? How close did you come to actually doing it?

P	C	S	
[ ]	[ ]	[ ]	1 Not at all
[ ]	[ ]	[ ]	2 Slight: Thoughts of his death (without suicidal thoughts), " I would be better off dead" or "I wish I were dead" or only in the context of anger.
[ ]	[ ]	[ ]	3 Mild: Occasional thoughts of suicide but has not thought of a specific method.
[ ]	[ ]	[ ]	4 Moderate: Often thinks of suicide and has thought of a specific method.
[ ]	[ ]	[ ]	5 Severe: Often thinks of suicide and has thought of, or mentally rehearsed a specific plan, or has made a suicidal gesture of a communicative rather than a potentially medically harmful type, or has heard a voice telling him to kill himself.
[ ]	[ ]	[ ]	6 Extreme: Has made preparations for a potentially serious suicide attempt.