



Revised Child Anxiety and Depression Scale - Child version (RCADS-Child)

Instructions:

Check the word that shows how often each of these things happens to you. There are no right or wrong answers.

		Never	Sometimes	Often	Always
1	I worry about things	0	1	2	3
2	I feel sad or empty	0	1	2	3
3	When I have a problem, I get a funny feeling in my stomach	0	1	2	3
4	I worry when I think I have done poorly at something	0	1	2	3
5	I would feel afraid of being on my own at home	0	1	2	3
6	Nothing is much fun anymore	0	1	2	3
7	I feel scared when I have to take a test	0	1	2	3
8	I feel worried when I think someone is angry with me	0	1	2	3
9	I worry about being away from my parents	0	1	2	3
10	I get bothered by bad or silly thoughts or pictures in my mind	0	1	2	3
11	I have trouble sleeping	0	1	2	3
12	I worry that I will do badly at my school work	0	1	2	3
13	I worry that something awful will happen to someone in my family	0	1	2	3
14	I suddenly feel as if I can't breathe when there is no reason for this	0	1	2	3
15	I have problems with my appetite	0	1	2	3
16	I have to keep checking that I have done things right (like the switch is off, or the door is locked)	0	1	2	3



		Never	Sometimes	Often	Always
17	I feel scared if I have to sleep on my own	0	1	2	3
18	I have trouble going to school in the mornings because I feel nervous or afraid	0	1	2	3
19	I have no energy for things	0	1	2	3
20	I worry I might look foolish	0	1	2	3
21	I am tired a lot	0	1	2	3
22	I worry that bad things will happen to me	0	1	2	3
23	I can't seem to get bad or silly thoughts out of my head	0	1	2	3
24	When I have a problem, my heart beats really fast	0	1	2	3
25	I cannot think clearly	0	1	2	3
26	I suddenly start to tremble or shake when there is no reason for this	0	1	2	3
27	I worry that something bad will happen to me	0	1	2	3
28	When I have a problem, I feel shaky	0	1	2	3
29	I feel worthless	0	1	2	3
30	I worry about making mistakes	0	1	2	3
31	I have to think of special thoughts (like numbers or words) to stop bad things from happening	0	1	2	3
32	I worry what other people think of me	0	1	2	3
33	I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	0	1	2	3
34	All of a sudden I feel really scared for no reason at all	0	1	2	3
35	I worry about what is going to happen	0	1	2	3
36	I suddenly become dizzy or faint when there is no reason for this	0	1	2	3



	Never	Sometimes	Often	Always	
37	I think about death	0	1	2	3
38	I feel afraid if I have to talk in front of my class	0	1	2	3
39	My heart suddenly starts to beat too quickly for no reason	0	1	2	3
40	I feel like I don't want to move	0	1	2	3
41	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	0	1	2	3
42	I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	0	1	2	3
43	I feel afraid that I will make a fool of myself in front of people	0	1	2	3
44	I have to do some things in just the right way to stop bad things from happening	0	1	2	3
45	I worry when I go to bed at night	0	1	2	3
46	I would feel scared if I had to stay away from home overnight	0	1	2	3
47	I feel restless	0	1	2	3

Developer Reference:

Chorpita, B. F., Yim, L., Moffitt, C., Umemoto, L. A., & Francis, S. E. (2000). Assessment of symptoms of DSM-IV anxiety and depression in children: A revised child anxiety and depression scale. *Behaviour research and therapy*, 38(8), 835-855.

[Administer Now](#)