Center for Integrative Psychiatry
580 S Denton Tap Rd, Suite # 280
Coppell, TX - 75019-4005

* MKMD RCADS25-CG1 v1

Revised Children's Anxiety & Depression Scale (RCADS) Caregiver 1

Name of Caregiver filling form: *

Relationship to Patient: *

1. My child feels sad or empty. *	☐ Never	☐ Sometimes	☐ Often
	☐ Always		
2. My child worries when he/she thinks he/she has done poorly at something *	☐ Never	☐ Sometimes	☐ Often
	☐ Always		
3. My child feels afraid of being alone at home *	☐ Never	☐ Sometimes	☐ Often
	☐ Always		
4. Nothing is much fun for my child anymore *	☐ Never	☐ Sometimes	☐ Often
	☐ Always		
5. My child worries that something awful will happen to someone in the family *	☐ Never	☐ Sometimes	☐ Often
	☐ Always		
6. My child is afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds) *	☐ Never	☐ Sometimes	☐ Often
	☐ Always		
7. My child worries what other people think of him/her *	☐ Never	☐ Sometimes	☐ Often
	☐ Always		
8. My child has trouble sleeping *	☐ Never	☐ Sometimes	☐ Often
	☐ Always		
9. My child feels scared to sleep on his/her own	☐ Never	☐ Sometimes	☐ Often
	☐ Always		
10. My child has problems with his/her appetite *	☐ Never	☐ Sometimes	☐ Often
	☐ Always		

11. My child suddenly becomes dizzy or faint when there is no reason for this *	☐ Never ☐ Always	☐ Sometimes	☐ Often
12. My child has to do some things over and over again (like washing hands, cleaning, or putting things in a certain order)	☐ Never ☐ Always	☐ Sometimes	☐ Often
13. My child has no energy for things *	☐ Never ☐ Always	☐ Sometimes	☐ Often
14. My child suddenly starts to tremble or shake when there is no reason for this *	☐ Never ☐ Always	☐ Sometimes	☐ Often
15. My child cannot think clearly *	☐ Never ☐ Always	☐ Sometimes	☐ Often
16. My child feels worthless *	☐ Never ☐ Always	☐ Sometimes	☐ Often
17. My child has to think of special thoughts (like numbers or words) to stop bad things from happening *	☐ Never ☐ Always	☐ Sometimes	☐ Often
18. My child thinks about death *	☐ Never ☐ Always	☐ Sometimes	☐ Often
19. My child feels like he/she doesn't want to move *	☐ Never ☐ Always	☐ Sometimes	☐ Often
20. My child worries that he/she will suddenly get a scared feeling when there is nothing to be afraid of *	☐ Never ☐ Always	☐ Sometimes	☐ Often
21. My child is tired a lot *	☐ Never ☐ Always	☐ Sometimes	☐ Often
22. My child feels afraid that he/she will make a fool of him/herself in front of people *	☐ Never ☐ Always	☐ Sometimes	☐ Often

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23. My child has to do some things in just the right way to stop bad things from happening *	☐ Never ☐ Always	☐ Sometimes	☐ Often
24. My child feels restless *	☐ Never ☐ Always	☐ Sometimes	☐ Often
25. My child worries that something bad will happen to him/her *	☐ Never ☐ Always	☐ Sometimes	☐ Often