

PEDIATRIC CARE OF KENTUCKY P.S.C. (6-8-16)

Dear Parent:

Patient Name: \_\_\_\_\_

Your child will be asked to complete a Kutcher Adolescent Depression Scale (KAD-S) today. This is a screening for anxiety, depression and mood disorders. It is now the standard of care that this form is completed on children 12 years and older during their checkup visit. Twenty five years ago 20% of all teenagers and adults in America had a mood disorder, today it's an astonishing 51%. The idea is to identify disorders early before they become a major issue.

The form is to be completed by your child without input from parents. The doctors will discuss the results of the screen during the exam today. A fee is associated with the scale and will be billed to your insurance but could result in patient responsibility.

I acknowledge receipt of this notice and understand the charge could result in patient responsibility.

Parent printed name: \_\_\_\_\_ Date: \_\_\_\_\_

## 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: \_\_\_\_\_