RS = Disease Response and Clin Classification

RSCAT = CDRS-R

	Ad	ministrati	G SCALE, REVISED (Whe	
			Hartmut B. Mokros, Ph.D.		AAIDO	
hild's Name:	The QS do duplication	main does not c of this type of d	apture demographic results sata. These results are stored ns and referenced there whe	in the Demographics (D	ade in order to avoid M) and Subject	
de:				ii iieeueu.	DODTO	
RSPPRADM	NAM = RS		thnicity:	Date of Interviev	V: RSDTC	
caminer:	VAIN - NO	COLAVE	QNAM = RSCOLR	QNAM =	RSOTHRSP	
	Mother	☐ Father ☐	0.4			
			Other specify):			
(See the instructio	is at the botto	paye should be com Im of the last page (pleted only if this Administration of this booklet)	Booklet has been used to rate	the child's CDRS-R interview.	
ES for RSTESTC						
HS-R Raw Summar			RS-R 7-Score			
			RS ProcureRS	ORRES for RSTEST	CD = CDRS122	
	50 60 70	9	RSORRES for RSTEST	CD = CDRS123		
	l I I 3 18 51 53 5	30	40 50	1 1 60 1	1 70 77-113	
			2 63 64 65 66 67 68 69	71 73 75 76 78 80	82 83 84 85 >85	
ES for RSTEST	D = CDRS	124 Interp	retation of the CDRS-R			
T-Score Range	×					
39 or lower	Scores this Ic	OW are extremely rare	Interpretation Seek information from others, as a line of the seek information from others.	1		
40-54	Scores this low are extremely rare. Seek information from others as such uncommonly low scores may be associated with pervasive denial. A depressive disorder is unlikely to be confirmed in further evaluation.					
IT IS possible that a depressive disorder might be confirmed in				ensive diagnostic evaluation. Fur	thor quality is a late	
	pursued if any of the following conditions are applicable: • Moderate to severe ratings were made in any symptom areas					
	 Ineratir 	no tor Suicidal Idaatia	- d- 0 . II			
	 A chroni (i e Diff 	IC Course (i.e., more the	nan one year) is described for a clinical pressed Feelings, Depressed Facial Aff	lly significant indicator of denres	sive mood	
65-74	A depressive	disorder is likely to be	pressed Feelings, Depressed Facial Aff	ect, or Irritability)	and mode	
75–84	A depressive (disorder is very likely	confirmed These Rating Sou	urces relate to the In	terviewees indicated abo	
85 or higher	A depressive of	d sorder is almost cer	tan to be confirmed Intervent and au	aluate immediately.		
	\rightarrow c		INLOC/NOOTNEN		RSSCAT	
STCD = CDRS1	1 to CDR	S114	Symptom Ratings fro	m All Sources	X000/17	
aluated Cumniam A		CHIId	Rating Source			
aiualeu Sviiiiiiiiiiin Arba		GMIIU	Parent			
aluated Symptom Area Impaired Schoolwork		1 5 0 7		Other	Best Description of Child	
Impaired Schoolwork Difficulty Having Fun	12/	3 4 5 6 7 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	Best Description of Child	
Impaired Schoolwork Difficulty Having Fun Social Withdrawal		3 4 5 6 7 3 4 5 6 7 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7 1 2 3 4 5 6 7	1 2 3 4 5 6 7 1 2 3 4 5 6 7	
Impaired Schoolwork Difficulty Having Fun Social Withdrawal Sleep Disturbance	1 2 3 1 2 3 1 2 3	3 4 5 6 7 3 4 5	1 2 3 4 5 6 7	1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7	1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7	
Impaired Schoolwork Difficulty Having Fun Social Withdrawal Sleep Disturbance Appetite Disturbance	1 2 3 1 2 3 1 2 3 1 2 3	3 4 5 6 7 3 4 5 3 4 5	1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 1 2 3 4 5	1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7	1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5	
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Impaired Schoolwork Difficulty Having Fun Social Withdrawal Sleep Disturbance Appetite Disturbance Excessive Fatigue Physical Complaints Irritability	1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	3 4 5 6 7 3 4 5 3 4 5 3 4 5 6 7 3 4 5 These m 3 4 5 which is	1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 aterials discuss and/or inclu	1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 1 2 3 4 5 de the Childhood Depre	1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 ssion Rating Scale, Revised (es (WPS). No part of the CDF	
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Instructions: Rate each symptom area for this child by writing Write NR ("Not Rated") in the box if there is insu	only one number in the box.
RSTESTCD = CDRS101 RSORRES RSSTRESC/RS	SSTRESN RSTESTCD = CDRS104
. IMPAIRED SCHOOLWORK	4. SLEEP DISTURBANCE
Performance is consistent with ability · · · · · · · · · · · · · · · · · · ·	No difficulty or occasional difficulty that is situationally explainable
Decrease in school performance and/or ability to concentrate3	Frequently has mild difficulty with sleep
Major interference with performance in most subjects	Has difficulty with sleep nearly every night
No motivation to perform	Supplemental information (not scored)
Omment	Indicate when sleep disturbance occurs (check all applicable items):
RSORRES for RSTESTCD = CDRS101A	Upon first going to bedQNAM=RSSLPDS1
	In the middle of the night CNAM-RSSLPDS2
	QNAM-RSSEPDSS
RSTESTCD = CDRS102	RSORRES for RSTESTCD = CDRS104A
DIFFICULTY HAVING FUN —	
Interest and activities realistically appropriate for age,	
personality, and social environment. No appreciable change from usual behavior during at least the past 2	RSTESTCD = CDRS105
weeks. Any feelings of boredom are seen as transient.	5. APPETITE DISTURBANCE
Describes some activities as enjoyable that are realistically	No problems or changes in eating pattern
available several times a week but not on a daily basis	Mild but notable change from usual eating habits
Is easily bored. Complains of "nothing to do" as	
characteristic of daily experience. Participates in structured	Avoids eating and or is not hungry most of the time OR describes a noteworthy increase in appetite and/or excessive food intake
May express interest primarily in activities that are	Supplemental information (not scored)
(realistically) unavailable on a daily or weekly basis.	Mapplicable, indicate type of appetite disturbance:
Has no initiative to become involved in any activities. Describes himself/herself as primarily passive. Watches	Increased appetite QNAM=RSAPPDST
Others play or watches TV but shows little interest Requires	Decreased appetite
coaxing and/or pushing to get involved in activity Shows no enthusiasm or real interest. Has difficulty naming activities	RSORRES for RSTESTCD = CDRS105A
mment RSORRES for RSTESTCD = CDRS102A	
	RSTESTCD = CDRS106
STESTCD = CDRS103	6. EXCESSIVE FATIGUE
OCIAL WITHDRAWAL	No unusual complaints of "feeling tired" during the day · · · · · · · · · · · · · · · · · · ·
njoys friendships with peers at school and at home	Complaints of fatigue seem somewhat excessive and are not related to boredom or increased activity levels
oes not actively seek out friendships but waits instead	
r others to initiate a relationship. Occasionally rejects	Daily complaints of feeling tired
requently avoids or refuses opportunities for desirable interaction	Complains of feeling tired most of the day. May voluntarily take long naps without feeling refreshed.
ith others and/or sets up situations where rejection is inevitable.	Degree of fatigue interferes with play activities.
oes not currently relate to other children. States that he/she	
as "no friends" or actively rejects new or former friends.	RSORRES for RSTESTCD = CDRS106A
ment_RSORRES for RSTESTCD = CDRS103A	

Add all numbers in above boxes here: _

(Subtotal 1)

	RSTESTCD = CDRS111
7. PHYSICAL COMPLAINTS ————	11. DEPRESSED FEELINGS
Occasional complaints that do not appear to be excessive	Occasional feelings of unhappiness that quickly disappear
Complaints appear mildly excessive	Describes sustained periods of unbappinges
Complains daily of aches and pains. These	that appear excessive for events described
occasionally interiere with his/her ability to function.	Feels unhappy most of the time without a major precipitating cause
Preoccupied with aches and pains. These regularly interfere with play activities.	Feels unhanny all of the time: characterized by
RSORRES for RSTESTCD = CDRS107A	Comment
CTECTOD - CDDC400	RSTESTCD = CDRS112
STESTCD = CDRS108	12. MORBID IDEATION —————
8. IRRITABILITY — Parallel Rarely irritable	No morbid thinking reported · · · · · · · · · · · · · · · · · · ·
Hardware Company of the Company of t	ottongry demos morbid thoughts
several times a week, but do not last long.	Discusses morbid thoughts that relate to a real event but seem excessive
Frequently irritable. Extended periods of irritability occur several times a week and are difficult to break out of.	a week. These morbid thoughts extend beyond external reality.
Constant experience of irritability. Nothing changes this mood	Preoccupied on a daily basis with death thernes or morbid thoughts that are elaborate, extensive, or gizarre
RSURRES for RSTESTCD = CDRST08A	Comment RSORRES for RSTESTCD = CDRS112A
RSTESTCD = CDRS109	RSTESTCD = CDRS113
D. EXCESSIVE GUILT	73. SUICIDAL IDEATION ————————————————————————————————————
Does not express any undue feeling of guilt. Reported guilt appears appropriate to precipitating event.	Understands the word <i>suicide</i> , but does not apply the term to himself/herself
Exaggerates guilt and/or shame out of	Sharp denial of suicidal thoughts · · · · · · · · · · · · · · · · · · ·
proportion to the event described	Has thoughts about suicide, or of hurting himself/herself (if he/she
Feels guilty over things not under his/her control. These feelings interfere with every day functioning.	ades not understand the concept of suicide), usually when angry
Severe delusions of guilt	Has recurrent thoughts of suicide
	Has made a suicide attempt within the last month or is actively suicidal
RSORRES for RSTESTCD = CDRS109A	CommentRSORRES for RSTESTCD = CDRS113A
RSTESTCD = CDRS110	
. LOW SELF-ESTEEM	RSTESTCD = CDRS114
Describes himself/herself in primarily positive terms	14. EXCESSIVE WEEPING —
Describes one important or prominent	Report appears normal for age · · · · · · · · · · · · · · · · · · ·
area where he/she feels there is a deficit	Suggestive statements that he/she cries, or
Describes himself/herself in predominantly negative	feels like crying, more frequently than peers
terms or gives bland answers to questions asked	Cries more often than peers, occasionally without clear precipitant \cdots
Refers to himself/herself in derogatory terms. Reports that other children frequently refer to him/her by	Cries or feels like crying frequently (several times a week).
using derogatory nicknames. Puts himself/herself down.	Authlis to crying without knowing the reason why.
mment	Cries nearly every day · · · · · · · · · · · · · · · · · · ·
RSORRES for RSTESTCD = CDRS110A	RSORRES for RSTESTCD = CDRS114A

STOP if the interview was conducted with a parent (or another adult). No further scoring activity is justified or supported by empirical data. Refer to chapter 3 of the CDRS-R Manual for interpretive considerations.

CONTINUE if this interview was conducted with the child. For the three remaining symptom areas, rate the child based on his or her nonverbal characteristics during the interview.

RSTESTCD = CDRS115 RSTESTCD = CDRS117 15. DEPRESSED FACIAL AFFECT 17. HYPOACTIVITY Facial expression and voice animated during Bodily movements are animated. (Note that a hyperactive, agitated the interview. No sign of depressed affect. child is not distinguished here from what would be seen as normal nondistracting behavior; hyperactivity should be noted.) Mild suppression of affect. Some loss of spontaneity. 2 Bodily movements appear somewhat restricted and/or slowed 3 Overall loss of spontaneity. Looks unhappy during parts of the interview (e.g., sullen face, lowered eyes, lack of Definite restriction in bodily movements animation in face). Is capable of smiling, however, and does and an overall sense of motor retardation not avoid eye contact when discussing nonthreatening areas. Severe sense of motor retardation with catatonic-like qualities Moderate restriction of affect throughout most of the interview. Has longer and frequent periods of looking RSORRES for RSTESTCD = CDRS117A distinctly unhappy. Nothing seems to enliven him/her. 6 Severe restriction of affect. Looks distinctly sad and withdrawn. Minimal verbal interaction ... throughout the interview. Cries or may appear tearful. RSORRES for RSTESTCD = CDRS115A RSTESTCD = CDRS11616. LISTLESS SPEECH Quality of speech seems situationally sensitive without any noteworthy deviations Slowed tempo, monotone, or overly soft speech Slowed tempo with many pauses where he/sh appears to drift. Hesitations include sighing. Voice 3 qualities are distinctly monotonic and unanimated, and convey a sense of distress and psychic discomfort Extreme sense of psychic distress exhibited in voice or by a profound sense of bollowness or emptiness. Has difficulty conducting the interview. Comment_RSORRES for RSTESTCD = CDRS116A RSORRES for RSTESTCD = CDRS120 Add all numbers in above boxes here: (Subtotal 3) RSORRES/RSSTRESC Sum all the page subtotals to calculate the Raw Summary Score: RSSTRESN

Subtotal 3

First, write the **RSTESTCD = CDRS118 + CDRS119 + CDRS120 = CDRS121**Summary Score" on the summary page (page 1) of this Administration Booklet.
Locate the Summary Score on the middle line of the "scoring thermometer" on the same page. The *T*-score that corresponds to the Summary Score can be found directly below it, on the bottom line. Copy the *T*-score to the space labeled "CDRS-R *T*-Score." (The percentile that corresponds to the Summary Score can be found directly above it, on the top line of the scoring thermometer.)

See chapter 3 of the which the child's *T*-score to the space labeled to this child's *T*-score to this child's *T*-score and summarize the interpretable.

Subtotal 1

Subtotal 2

see chapter 3 of the CDRS-R Manual for interpretive considerations. Otherwise, in the middle of the summary page, locate the *T*-score range in which the child's *T*-score falls. Place a check mark in the column to the left of the appropriate *T*-score range to indicate the interpretive statement applicable to this child's *T*-score. Finally, proceed to the bottom portion of the same page and summarize the interview ratings for all informants.

Raw Summary Score