

Children's Depression Rating Scale (CDRS)

Patient's name: _____ Date of assessment: _____

Date of birth: _____ Age: _____

Interviewer name: _____ Signature: _____

Instructions

Observe the child's responses, both verbal and nonverbal, to assess the severity of depressive symptoms. Also note information from the child, caregivers, teachers, and parents on their own observations.

1. Depressed mood

Affect may be aroused (e.g., sad, forlorn, gloomy, anguished) or suppressed. Note nonverbal behavior (e.g., facial expression, eye contact, body posture). Child may or may not verbalize feelings of sadness.

0 = No information

1 = **Definitely not depressed:** Facial expression and voice animated during interview

2 = **Doubtful:** Mild suppression of affect during interview and/or some loss of spontaneity

3 = **Mild-overall:** Some loss of spontaneity. The child looks unhappy during parts of the interview. May still be able to smile when discussing non-threatening areas.

4 = **Moderate:** May have a moderate restriction of affect throughout most of the interview and have brief periods where they look unhappy.

5 = **Severe:** Child looks sad, withdrawn, with little verbal interaction throughout the interview. It may look like crying.

2. Weeping

Information is usually from parents, teachers, but occasionally from the child.

0 = No information

1 = Normal for age

2 = Suggestive statements that the child cries more frequently than peers

3 = Cries frequently. More than reasonable for age or provocation

3. Self-esteem

The child's ability to describe self is very concrete at 6 and 7, becoming more sophisticated at 9 and 10. Note affective tones around the child's responses. Inappropriate guilt rates 3 or 4.

0 = No information

1 = Child describes self in mostly positive terms.

2 = Doubtful evidence of lowered self esteem.

3 = Child describes self using a mixture of attributes, with both affectively positive and negative tones.

4 = Child uses both affective positive and negative terms but preponderance of negative attributes, or if concept understood, gives minimal bland answers.

5 = Child either refers to self in derogatory terms (e.g. unpleasant nicknames) or completely avoids any question dealing with self-concepts, self-image, or self-esteem

4. Morbid ideation

- 0 = No information
- 1 = None expressed.
- 2 = Some morbid thoughts, all related to a recent reality event.
- 3 = Admits to morbid thoughts on questioning but does not dwell on them, or parents report morbid thoughts of their child.
- 4 = Death themes spontaneously discussed or elaborate and extensive morbid ideation.

5. Suicide and suicide ideation

- 0 = No information
- 1 = None
- 2 = Has thoughts about suicide, usually when angry.
- 3 = Recurrent thoughts of suicide.
- 4 = Thinks about suicide and names methods or if depressed, strongly denies thinking about suicide.
- 5 = Suicide attempt within the last month or actively suicidal.

6. Irritability

Information usually from parents, nurses, etc., and direct observation. This can range from whining, “chip on the shoulder” attitudes to temper outbursts and other direct displays of hostility and anger. Rate on frequency of irritable behavior. Some children may directly display whining, irritable behavior during the interview.

- 0 = No information
- 1 = Normal
- 2 = Occasional, slightly more than normal
- 3 = Episodic
- 4 = Frequent
- 5 = Constant

7. Schoolwork

Consider current function as opposed to usual or expected function. Expected function should take into consideration the intelligence of the child and specific learning disabilities, cultural and family expectations.

- 0 = No information
- 1 = Performing at or above the expected level
- 2 = Slight decline in interest or effort, but performance is still generally acceptable and within expectations
- 3 = Not working to capacity or recent disinterest in schoolwork with minimal interference with performance
- 4 = Doing poorly in most subjects or evidence of a recent major interference with performance
- 5 = Incapable of doing productive schoolwork at time of rating

8. Capacity to have fun

Often reflected in hobbies and interests outside of school.

0 = No information

1 = Child's interests and hobbies appropriate for age, personality, and environment. No appreciable change during present illness.

2 = Child has interests and hobbies outside of school but activities mainly passive. Shows some interest but not enthusiasm.

3 = Child easily bored. May frequently complain of nothing to do or child expresses interest and hobbies which are realistically unavailable to the child.

4 = In structured activities, may "go through the motions" without real interest or enthusiasm.

5 = Child doesn't take initiative to involve self in any activities. Tends to passively watch others or watch TV. Takes pushing and coaxing to involve in any activities.

9. Social withdrawal

0 = No information

1 = Enjoys good friendships with peers at school and home or never has had adequate peer relationships

2 = Child names several friends, but relationships sound meager or has one or two friends, but not able to integrate into larger peer group.

3 = Child changes from actively seeking out friendships to a passive role (i.e., waits for others to initiate a relationship). Observes rather than participates in groups unless pushed.

4 = Child frequently rejects opportunities for seemingly desirable interaction with other children.

5 = Child does not relate to other children. Either states he has "no friends" or actively rejects former friends and any new children.

10. Expressive communication

Refers primarily to possible psychomotor retardation of language. Rate on the quantity and quality of verbal material. Consider the cultural background and intelligence of the child in the interview situation.

0 = No information

1 = Normal

2 = **Doubtful:** Mild. Monotonous voice. Mild delay in answering questions. Gives monosyllabic or short answers in all areas of interview.

3 = **Moderate to severe:** Same as (1) except delay in answering questions prolongs the interview. Even greater reduction in verbal content, may also have poverty of facial expression.

11. Sleep

This information usually most reliable from child interview.

- 0 = No information
- 1 = No difficulty or occasional difficulty sleeping.
- 2 = **Mild:** Frequent difficulty sleeping. Child and/or parent may report this.
- 3 = **Moderate:** Difficulty with sleeping nearly every night. May be evidence of sleep deprivation (e.g. child looks tired)

Difficulty with sleep is:

- 0 = No information/does not apply
- 1 = Initial
- 2 = Middle
- 3 = Early morning waking

12. Disturbance of eating pattern

- 0 = No information
- 1 = No problem
- 2 = **Mild:** Mother complains of change in eating pattern or chronic problem with food, either some variety of "poor eater" or overeats.
- 3 = **Moderate:** More severe disturbance of eating pattern. If undereats, accompanied by weight loss. If overeats, has moderate obesity. May steal and hoard food or show more bizarre pattern such as eating out of garbage cans. Unable to follow a medically necessary diet prescribed by a physician.

13. Frequent physical complaints

Child may complain of stomach pains, headaches, or other bodily aches and pains. Rate frequency. Parents and nurses generally more reliable.

- 0 = No information
- 1 = No complaints
- 2 = Occasional complaints. Child is easily reassured.
- 3 = Frequent complaints, but can be distracted or reassured (e.g., school phobic who feels fine if allowed to stay home from school)
- 4 = Preoccupied with aches and pains, may keep child from other activities.

14. General somatic

- 0 = No information
- 1 = Normal
- 2 = Occasional complaints of fatigue
- 3 = **Frequent:** Complaints of being tired, doesn't feel like doing things used to enjoy.

15. Hypoactivity

Consider current activity level as opposed to usual activity level. Check with parents, school teachers, nurses.

0 = No information

1 = Activity at usual level

2 = Minimal retardation activity

3 = Talks slowly, walks slowly, slow to move during play.

16. Reversal of affect

0 = No information

1 = No

2 = Yes

Scoring and interpretation

The CDRS includes 16 items, each rated on a scale from 0 to 2, 3, 4, or 5, with higher total scores reflecting more severe depressive symptoms. A total score of 20–30 suggests borderline depression, while a score of 30 or above indicates significant depression.

Remarks

Poznanski, E. O., Cook, S. C., & Carroll, B. J. (1979). A depression rating scale for children. *Pediatrics*, 64(4), 442–450. <https://pubmed.ncbi.nlm.nih.gov/492809/>

Shanahan, K. M., Zolkowski-Wynne, J., Coury, D. L., Collins, E. W., & O'Shea, J. S. (1987). The children's depression rating scale for normal and depressed outpatients. *Clinical Pediatrics*, 26(5), 245–247. <https://doi.org/10.1177/000992288702600506>