The Children’s Depression Rating Scale (CDRS) is a 16-item measure used to determine the severity of depression in children 6-12 years of age. Items are measured on 3-, 4-, 5-, and 6-point scales. The CDRS is derived from the Hamilton Rating Scale for Depression (HAM-D); a score of 15 on the CDRS is equivalent to a score of 0 on the HAM-D. Assessment information is based on parent, child, and schoolteacher interviews.

1. **Depressed Mood (0-5)**. Affection may be aroused (e.g., sad, forlorn, gloomy, anxious) 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=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

2. **Weeping (0-3)**. 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

3. **Self-Esteem (0-5)**. 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 affectively 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-concept, self-image, or self-esteem

4. **Morbid Ideation (0-4)**.
   - 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 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.

5. **Suicide and Suicide Ideation (0-5)**.
   - 0=No information
   - 1=Performing at or above the expected level.
   - 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

6. **Capacity to have fun (0-5)**. 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-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.

7. **Schoolwork (0-5)**. 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.
   - 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 express interest and hobbies 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-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 (0-5).

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 (0-3).

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-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 (0-3).

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)
Circle if difficulty with sleep is:
0=No information/does not apply
1=Initial
2=Middle
3=Early morning wakening

12. Disturbance of Eating Pattern (0-3).

0=No information
1=No problem
2=Mild. Mother complains of change in eating pattern or chronic problems 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
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

13. Frequent Physical Complaints (0-4).

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=Normal
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 (0-3).

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 (0-3).

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=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)
Circle if difficulty with sleep is:
0=No information/does not apply
1=Initial
2=Middle
3=Early morning wakening

16. Reversal of Affect (0-2).

0=No information
1=No
2=Yes

References:

Source: Trends in Evidence-Based Neuropsychiatry, January/February 2003