

## The Kutcher Adolescent Depression Scale (KADS): How to use the 6-item KADS

The KADS was developed to assist in the public health and clinical identification of young people at risk for depression. It was created by clinicians and researchers expert in the area of adolescent depression and the application of various scales and tools in clinical, research and institutional settings. Work on the KADS was conducted in samples of secondary school students, in clinical settings and in clinical research projects.

There are three different KADS scales: the 6-item, the 11-item and the 16 item. The 16 item is designed for clinical research purposes and is not available on the Sun Life Financial Chair in Adolescent Mental Health website.

The 11-item KADS has been incorporated into the Chehil-Kutcher Youth Depression Diagnosis and Monitoring Tool. This tool is designed for use in clinical settings in which health providers treat young people who have depression.

Researchers interested in using the KADS can contact the office of the Sun Life Chair at (902) 470- 6598 or Dr. Kutcher directly by email at [skutcher@dal.ca](mailto:skutcher@dal.ca).

The 6-item KADS is designed for use in institutional settings (such as schools or primary care settings) where it can be used as a screening tool to identify young people at risk for depression or by trained health care providers (such as public health nurses, primary care physicians) or

educators (such as guidance counselors) to help evaluate young people who are in distress or who have been identified as possibly having a mental health problem.

The tool is a self-report scale and is meant to be completed by the young person following direction from the health provider, educator or other responsible person. The youth should be instructed that this tool will help the person conducting the assessment to better understand what difficulties they might be having and to assist the assessor in determining if the young person may have one of the more common emotional health problems found in adolescents – depression. The young person should be told that depending what the assessment of their problem identifies (the KADS plus the discussion with the assessor) the use of the KADS will help in the determination of next steps.

The KADS is written at approximately a grade six reading level and is useful in assessing young people ages 12 to 22. It has a sensitivity for depression of over 90 percent and a specificity for depression of over 70 percent – putting it into the top rank of self-report depression assessment tools currently available. It is also much shorter than other available tools and unlike many others, is free of charge. It has been recommended for use in a number of expert reports including the National Institute for Clinical Evaluation (UK) and the GLAD-PC Guidelines (USA and Canada). The KADS has been translated into many different languages and is used globally.

## KADS Scoring

The KADS is scored using a zero to three system with “hardly ever” scored as a zero and “all of the time” scored as a three. A score of six or greater is consistent with a diagnosis of Major Depressive Disorder and should trigger a more comprehensive mental health assessment of the young person. The KADS will also often identify young people who suffer from substantial anxiety such as Panic Disorder and Social Anxiety Disorder but it has not been validated for that specific purpose.

Another use of the KADS is for monitoring of symptoms in the young person being treated for depression. This should ideally be done at each visit and the scores recorded and reviewed for evidence of improvement.

The last item on the KADS is very sensitive to suicide risk. Any young person scoring one or higher on the last item should have a more thorough suicide risk assessment. We suggest that this be conducted using the adolescent suicide risk assessment guide – the TASR – A. A copy of the TASR – A can be accessed on the [clinical tools section of our website](#).

The KADS can be used by expert clinicians (such as child and adolescent mental health staff working in sub-specialty or academic settings) without additional training. Training in the use of the KADS for others is advised and can be arranged for groups of 10 or more by contacting the office of the Chair. Depending on the group, the duration of KADS training ranges from one to three hours.



# Sun Life Financial Chair in Adolescent Mental Health

## Permission to use the KADS

The KADS is available freely for use but may not be sold, copied or otherwise distributed without the express written consent of Dr. Stan Kutcher.

We appreciate any feedback on the use, outcome or suitability of the KADS from any individual or group who is using it. Feedback can be directed to Dr. Stan Kutcher by email at [skutcher@dal.ca](mailto:skutcher@dal.ca).

Clinicians, educators, youth workers and others interested in other training programs pertaining to youth depression and suicide offered by the Chair can find further information by visiting the [training programs section of our website](#).

## More Information

Further information about the KADS can be found in these sources:

Brooks, S. (2004) The Kutcher Adolescent Depression Scale (KADS). *Child & Adolescent Psychopharmacology News*, 9, 54, 4-6

Brooks, S.J., & Kutcher, S. (2001). Diagnosis and measurement of adolescent depression: A review of commonly utilized instruments. *Journal of Child and Adolescent Psychopharmacology*, 11, 341–376.

Brooks, S.J., Krulewicz, S., & Kutcher, S. (2003). The Kutcher Adolescent Depression Scale: Assessment of its evaluative properties over the course of an 8-week pediatric pharmacotherapy trial. *Journal of Child and Adolescent Psychopharmacology*, 13, 337–349.

Kutcher, S., Chehil, S. (2006) *Suicide Risk Management: A Manual for Health Professionals*. Wiley-Blackwell.

LeBlanc, J.C., Almudevar, A., Brooks, S.J., & Kutcher, S. (2002). Screening for adolescent depression: comparison of the Kutcher Adolescent Depression Scale with the Beck Depression Inventory. *Journal of Child and Adolescent Psychopharmacology*, 12, 113–126.

## Kutcher 青少年抑郁症六项自评表: KADS

姓名: \_\_\_\_\_

日期: \_\_\_\_\_

在过去一周中你的情绪可以归纳为

1. 情绪低落, 伤感, 消沉, 忧伤

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) 几乎没有                  | b) 很多时候                  | c) 大部分时候                 | d) 所有时候                  |

2. 感觉毫无价值, 绝望, 失望; 不给他人留面子

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) 几乎没有                  | b) 很多时候                  | c) 大部分时候                 | d) 所有时候                  |

3. 感觉累, 疲倦, 精力不济, 做事没有动力, 拖拉, 总想休息或者躺着

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) 几乎没有                  | b) 很多时候                  | c) 大部分时候                 | d) 所有时候                  |

4. 感觉生活没什么乐趣, 本该感觉良好时却感觉不好, 平时觉得有趣的事情不再觉得有趣.

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) 几乎没有                  | b) 很多时候                  | c) 大部分时候                 | d) 所有时候                  |

5. 担心, 紧张, 恐慌, 着急

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) 几乎没有                  | b) 很多时候                  | c) 大部分时候                 | d) 所有时候                  |

6. 考虑或计划自杀或自残; 或者有过自杀或自残的行为.

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) 几乎没有                  | b) 很多时候                  | c) 大部分时候                 | d) 所有时候                  |

总分: \_\_\_\_\_

## KADS 评分标准:

先计算每项得分如下:

- a) 几乎没有 =0
- b) 很多时候 =1
- c) 大部分时候 =2
- d) 所有时候 =3

六项相加得出总分

总分含义如下:

总分为六分或以上: 意味着可能有抑郁症 (需要更深入地评估)

总分为六分以下: 表明多半没有抑郁症

## 参考文献

- LeBlanc JC, Almudevar A, Brooks SJ, Kutcher S: Screening for Adolescent Depression: Comparison of the Kutcher Adolescent Depression Scale with the Beck Depression Inventory, Journal of Child and Adolescent Psychopharmacology, 2002 Summer; 12(2):113-26.

常用的青少年抑郁症自评工具的信度和效度非常有限或未知。Kutcher 青少年抑郁症六项自评量表, KADS, 是专为诊断和评估青少年抑郁症程度的一项新的自评工具。《Screening for Adolescent Depression: Comparison of the Kutcher Adolescent Depression Scale with the Beck Depression Inventory》将 Kutcher 青少年抑郁症自评工具全十六项以及其简本, Beck 抑郁问卷工具 (BDI) 和国际神经精神科简式访谈问卷 (MINI) 的重性抑郁发作 (MDE) 标准进行了比较。1,712 名 7 至 12 年级学生完成了 BDI 问卷调查, 其中 309 名学生得分超过 15。这 309 名学生被邀请作进一步评估, 其中 161 名学生同意再次进行 KADS 评估, BDI 评估, 以及 MDE 国际神经精神科简式访谈, 来测试重性抑郁发作 (MDE)。本文作者使用受试者工作特征曲线 (ROC) 分析方法测定哪些 KADS 标准对鉴定被评估人是否患有重性抑郁发作 (MDE) 最有效。进一步的受试者工作特征曲线 (ROC) 分析确定 KADS 六项衡量标准的整体诊断能力与 BDI 一至, 并且比 KADS 全十六项更强。运用 6 作为截止分数, KADS 六项敏感性和特异性比率分别为 92% 和 71%。其他自评工具没有达到相同的比率组合。由此证明 KADS 六项可能是一项高效率的并且是有效的手段来排除青少年重性抑郁发作 (MDE)。