

Quick Guide to the Revised Children's Anxiety and Depression Scale (RCADS)



What is the RCADS and what does it measure? The RCADS:

- Is a self-report questionnaire that assesses symptoms of depression and anxiety in children and adolescents.
- Captures symptoms related to:
 - major depressive disorder (MDD)
 - generalized anxiety disorder (GAD)
 - panic disorder
 - separation anxiety disorder (SAD)
 - social phobia
 - obsessive-compulsive disorder (OCD)
- Comes in different versions:

	Child Version	Parent Version
RCADS-25 (short version)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RCADS-47 (long version)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Who is the RCADS for?

- Children and adolescents 8–18 years old.

How is the RCADS administered? It is:

- Completed by children and adolescents with at least a third-grade reading level.
- Completed by parents (using the RCADS-P) when children are too young (< 8 years-old) or developmentally unable to complete the measure themselves, or when a complementary carer perspective would be helpful.
- Completed using paper and pencil or integrated into electronic systems (e.g., tablet, electronic medical record).



8-18
YEARS

3rd GRADE
READING
LEVEL

How can I access the RCADS?

- Go to the [Child FIRST Lab's website](https://www.childfirst.ucla.edu/resources/)¹.

¹<https://www.childfirst.ucla.edu/resources/>

Why use the RCADS? Because it is:

- Free for non-commercial use.
- Validated.
- Developed specifically for children and youth.
- Able to assess both anxiety and depression symptoms, which often occur together.
- Able to capture both youth and parent perspectives on symptoms.
- Able to help you make treatment decisions by showing you whether symptoms are changing over time (when you use the RCADS at multiple time points) — this is called measurement-based care.

What are the differences between the long and short versions?

Long version (RCADS-47)

- Most widely used and validated version of the RCADS.
- Consists of 47 items.
- Can be broken down into six subscales.
- Completion time: 10–15 minutes.

	Subscales	# of Items	Scores	Scoring System
Depression	MDD	10	MDD Score	Overall depression score Overall anxiety score Total internalizing score
Anxiety	OCD	6	OCD Score	
	Social Phobia	9	Social Phobia Score	
	SAD	7	SAD Score	
	Panic Disorder	9	Panic Disorder Score	
	GAD	6	GAD Score	

Short version (RCADS-25)

- A 25-item version has been developed to reduce the burden on respondents and speed up completion time.
- Completion time: 5–10 minutes.

Note: it is not possible to report separate summary scores for the 5 specific anxiety disorders in the short version.

	Subscales	# of Items	Scoring System
Depression	MDD	10	Overall depression score Overall anxiety score Total internalizing score
Anxiety	OCD	3	
	Social Phobia	3	
	SAD	3	
	Panic Disorder	3	
	GAD	3	

What does the RCADS NOT capture?

- suicidal thoughts or behavior
- selective mutism
- post-traumatic stress
- bipolar disorder
- substance use disorder
- trauma
- any other disorders that are not directly related to depression and anxiety

What does the RCADS look like?

Date: _____ Name/ID: _____

RCADS

Please put a circle around the word that shows how often each of these things happens to you. There are no right or wrong answers.

1. I worry about things	Never	Sometimes	Often	Always
2. I feel sad or empty	Never	Sometimes	Often	Always
3. When I have a problem, I get a funny feeling in my stomach	Never	Sometimes	Often	Always
4. I worry when I think I have done poorly at something	Never	Sometimes	Often	Always
5. I would feel afraid of being on my own at home	Never	Sometimes	Often	Always
6. Nothing is much fun anymore	Never	Sometimes	Often	Always

How is the RCADS scored?

- **Step 1:** Score each response as 0 (never), 1 (sometimes), 2 (often), or 3 (always).
- **Step 2:** Sum the response values for each subscale.
- **Step 3:** Convert this raw summary score into a standardized “T-score” for the appropriate gender and grade level with the help of a conversion table (available from the Child First Lab).
- **Step 4:** Interpret the T-score with reference to clinical cut-offs (see box below).
- Scoring can be done manually, via programs provided by the developers (in Excel or statistical software), or automatically if the RCADS is integrated into electronic systems.



T SCORE:
65 OR HIGHER,
 the CHILD may
 EXPERIENCE
CLINICAL DEPRESSION
 OR
ANXIETY

Clinical Cut-Off T-scores

Clinical cut-off scores can help determine next steps in the young person’s treatment plan.

T-score	Meaning	Clinical Implication
T-score below 65	Normal range	No referral to treatment indicated, unless clinical judgment suggests otherwise
T-score between 65 and 69	Borderline clinical range	Clarify need for referral by doing a more thorough assessment or by using clinical judgment
	Only 6% of youth in the general population have T-scores of 65 or higher.	
T-score 70 or above	Clinical range	Referral to treatment indicated
	Only 2% of youth in the general population have T-scores of 70 or higher.	

How can I define outcomes based on the RCADS?

As always, use clinical judgment to help make sense of the information you gather from structured questionnaires. Consider risk of self-harm or suicide, trauma, and the young person's support system and ability to function.

The following chart suggests a way of calculating indicators of change based on RCADS scores — note that there is no consensus on these definitions at the moment.



Outcome	Definition	
	Score change on the RCADS	Time frame
Response	Meaningful improvement; for example, at least a 50% reduction in the raw score (or at least a 25% reduction in youth with treatment resistant depression)	Following the start of treatment and lasting for at least 2 weeks
Remission	T-score below 65	Lasting for a period of at least 3 weeks up to 4 months
Recovery	T-score below 65	Lasting for at least 4 months after the onset of remission
Relapse	T-score rises to 70 or above	During the remission period
Recurrence	T-score rises to 70 or above	During the recovery period

Note: Outcome definitions guided by Rush et al. (2006)

Is the RCADS valid and reliable?

- It has been used with children and youth in at least 25 countries across Africa, Europe, North America, South America, and Asia.
- Research suggests the RCADS-47 questions are effective indicators of depression and anxiety symptoms (i.e., the scale has “internal consistency” and “construct validity”).
- Research suggests the RCADS-47 reliably provides similar results when administered at different time points (“test-retest reliability”).
- There is some evidence that the RCADS can pick up change in symptoms over time.
- The RCADS-25 has been less widely validated, but existing results are promising.

What languages are available?

- Several—download different versions from the [Child FIRST Lab's website](#)².

RCADS-47 (18 languages)	RCADS-25 (5 languages)
US English, Chinese, Danish, Dutch, Finnish, French, German, Greek, Icelandic, Korean, Norwegian, Persian, Polish, Slovene, Portuguese, Spanish, Swedish, Urdu	US English, Hindi, Spanish, Finnish, Swedish

Where can I access additional resources?

The RCADS user guide and scoring tools can be found on the [Child FIRST Lab's website](#)³.

Key references

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²<https://www.childfirst.ucla.edu/resources/>

³ibid.

