

NAME: _____ INFORMANT: _____

CLINICAL ASSESSMENT OF ADOLESCENT DEPRESSION (CAAD)

Record the frequency of occurrence OVER THE PAST ONE WEEK for each symptom below then rate the symptom on a 4 point scale (0-3) in the *symptom* column. Document relevant clinical information in the *Clinician Review* column (i.e. course, aggravating/mitigating factors, impact on home/school/recreational functioning, etc.) and rate the symptom from 0-3 based on the composite information obtained.

Symptom Rating: 0 = Does not bother the adolescent
 1 = Mild distress and no significant impairment in home, school, or social function
 2 = Moderate distress and some impairment in home, school, or social function
 3 = Severe distress and significant impairment in home, school, or social function

SYMPTOM: Low mood, sadness, blah, down, depressed, just can't be bothered.

Over the past week I have experienced this:	Patient Symptom Rating (0-3)	Informant Symptom Rating (0-3)	Clinician Composite Symptom Rating (0-3)
<input type="checkbox"/> Hardly ever <input type="checkbox"/> Much of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>

Notes:

SYMPTOM: Irritable, losing temper easily, feeling pissed off, losing it.

Over the past week I have experienced this:	Patient Symptom Rating (0-3)	Informant Symptom Rating (0-3)	Clinician Composite Symptom Rating (0-3)
<input type="checkbox"/> Hardly ever <input type="checkbox"/> Much of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>

Notes:

SYMPTOM: Sleep Difficulties - different from usual (over the years before getting sick): trouble falling asleep, lying awake in bed.

<p>Over the past week I have experienced this:</p> <p><input type="checkbox"/> Hardly ever <input type="checkbox"/> Much of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time</p>	<p>Patient Symptom Rating (0-3)</p> <div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>	<p>Informant Symptom Rating (0-3)</p> <div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>	<p>Clinician Composite Symptom Rating (0-3)</p> <div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>
---	--	--	--

Notes:

SYMPTOM: Decreased Interest In: being with friends / best friend / partner / boy or girl friend; going out; school work; work; hobbies; sports; recreation.

<p>Over the past week I have experienced this:</p> <p><input type="checkbox"/> Hardly ever <input type="checkbox"/> Much of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time</p>	<p>Patient Symptom Rating (0-3)</p> <div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>	<p>Informant Symptom Rating (0-3)</p> <div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>	<p>Clinician Composite Symptom Rating (0-3)</p> <div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>
---	--	--	--

Notes:

SYMPTOM: Sense of worthlessness, hopelessness, letting people down, not being a good person.

<p>Over the past week I have experienced this:</p> <p><input type="checkbox"/> Hardly ever <input type="checkbox"/> Much of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time</p>	<p>Patient Symptom Rating (0-3)</p> <div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>	<p>Informant Symptom Rating (0-3)</p> <div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>	<p>Clinician Composite Symptom Rating (0-3)</p> <div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>
---	--	--	--

Notes:

SYMPTOM: Tired, fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot.

Over the past week I have experienced this:	Patient Symptom Rating (0-3)	Informant Symptom Rating (0-3)	Clinician Composite Symptom Rating (0-3)
<input type="checkbox"/> Hardly ever <input type="checkbox"/> Much of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes:

SYMPTOM: Trouble concentrating, can't keep mind on school/work, daydreaming, hard to focus when reading, getting "bored" with work or school.

Over the past week I have experienced this:	Patient Symptom Rating (0-3)	Informant Symptom Rating (0-3)	Clinician Composite Symptom Rating (0-3)
<input type="checkbox"/> Hardly ever <input type="checkbox"/> Much of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes:

SYMPTOM: Life is not very much fun, not able to enjoy things once enjoyed, not getting as much pleasure from fun things as before getting sick.

Over the past week I have experienced this:	Patient Symptom Rating (0-3)	Informant Symptom Rating (0-3)	Clinician Composite Symptom Rating (0-3)
<input type="checkbox"/> Hardly ever <input type="checkbox"/> Much of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes:

SYMPTOM: Worried, nervous, panicky, tense, keyed up, anxious.

Over the past week I have experienced this: <input type="checkbox"/> Hardly ever <input type="checkbox"/> Much of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time	Patient Symptom Rating (0-3) <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Informant Symptom Rating (0-3) <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Clinician Composite Symptom Rating (0-3) <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
--	--	--	--

Notes:

SYMPTOM: Physical expression of worry: headaches, butterflies, knots in the stomach, nausea, tingling, restlessness, diarrhea, shakiness.

Over the past week I have experienced this: <input type="checkbox"/> Hardly ever <input type="checkbox"/> Much of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time	Patient Symptom Rating (0-3) <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Informant Symptom Rating (0-3) <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Clinician Composite Symptom Rating (0-3) <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
--	--	--	--

Notes:

SYMPTOM: Thoughts, plans or actions about suicide or self-harm.

Over the past week I have experienced this: <input type="checkbox"/> No thoughts or plans or actions <input type="checkbox"/> Occasional thoughts, no plans or actions <input type="checkbox"/> Frequent thoughts, no plans or actions <input type="checkbox"/> Plans and/or actions that have hurt	Patient Symptom Rating (0-3) <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Clinician Composite Symptom Rating (0-3) <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
--	--	--

<input checked="" type="checkbox"/> RISK FACTOR	YES	NO
<input type="checkbox"/> Suicidal Ideation		
<input type="checkbox"/> Suicidal Intent		
<input type="checkbox"/> Suicidal Plan		
<input type="checkbox"/> Access to lethal means		
<input type="checkbox"/> Past Suicide Behavior		
<input type="checkbox"/> Problems Seem Unsolvable		
<input type="checkbox"/> Hopelessness/worthlessness		
<input type="checkbox"/> Anger/impulsivity		

Notes:
