

Columbia DISC Depression Scale (Ages 11 and over)

Present State (last 4 weeks) TO BE COMPLETED BY TEEN

If the answer to the question is "No," circle the 0; if it is "Yes," circle the 1.
Please answer the following questions as honestly as possible.

In the last four weeks ...	No	Yes
1. Have you often felt sad or depressed?	0	1
2. Have you felt like nothing is fun for you and you just aren't interested in anything?	0	1
3. Have you often felt grouchy or irritable and often in a bad mood, when even little things would make you mad?	0	1
4. Have you lost weight, more than just a few pounds?	0	1
5. Have you lost your appetite or often felt less like eating?	0	1
6. Have you gained a lot of weight, more than just a few pounds?	0	1
7. Have you felt much hungrier than usual or eaten a lot more than usual?	0	1
8. Have you had trouble sleeping, that is, trouble falling asleep, staying asleep, or waking up too early?	0	1
9. Have you slept more during the day than you usually do?	0	1
10. Have you often felt slowed down ... like you walked or talked much slower than you usually do?	0	1
11. Have you often felt restless ... like you just had to keep walking around?	0	1
12. Have you had less energy than you usually do?	0	1
13. Has doing even little things made you feel really tired?	0	1
14. Have you often blamed yourself for bad things that happened?	0	1
15. Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as other people?	0	1
16. Has it seemed like you couldn't think as clearly or as fast as usual?	0	1
17. Have you often had trouble keeping your mind on your [schoolwork/work] or other things?	0	1
18. Has it often been hard for you to make up your mind or to make decisions?	0	1
19. Have you often thought about death or about people who had died or about being dead yourself?	0	1
20. Have you thought seriously about killing yourself?	0	1
21. Have you tried to kill yourself in the last four weeks?	0	1
22. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?	0	1

Score	Chance of Depression	How often is this seen?
0-6	Very Unlikely	in 2/3 of teens
7-11	Moderately Likely	in 1/4 of teens
12-15	Likely	in 1/10 of teens
16 and Above	Highly Likely	in 1/50 of teens

Columbia DISC Depression Scale (Ages 11 and over)

Present State (last 4 weeks)

TO BE COMPLETED BY PARENT

If the answer to the question is “No,” circle the 0; if it is “Yes,” circle the 1.
Please answer the following questions as honestly as possible.

In the last four weeks ...	No	Yes
1. Has _____ often seemed sad or depressed?	0	1
2. Has it seemed like nothing was fun for [him/her] and [he/she] just wasn't interested in anything?	0	1
3. Has [he/she] often been grouchy or irritable and often in a bad mood, when even little things would make [him/her] mad?	0	1
4. Has [he/she] lost weight, more than just a few pounds?	0	1
5. Has it seemed like _____ lost [his/her] appetite or ate a lot less than usual?	0	1
6. Has [he/she] gained a lot of weight, more than just a few pounds?	0	1
7. Has it seemed like [he/she] felt much hungrier than usual or ate a lot more than usual?	0	1
8. Has [he/she] had trouble sleeping – that is, trouble falling asleep, staying asleep, or waking up too early?	0	1
9. Has [he/she] slept more during the day than [he/she] usually does?	0	1
10. Has _____ seemed to do things like walking or talking much more slowly than usual?	0	1
11. Has [he/she] often seemed restless ... like [he/she] just had to keep walking around?	0	1
12. Has [he/she] seemed to have less energy than [he/she] usually does?	0	1
13. Has doing even little things seemed to make [him/her] feel really tired?	0	1
14. Has _____ often blamed [himself/herself] for bad things that happened?	0	1
15. Has [he/she] said [he/she] couldn't do anything well or that [he/she] wasn't as good looking or as smart as other people?	0	1
16. Has it seemed like [he/she] couldn't think as clearly or as fast as usual?	0	1
17. Has [he/she] often seemed to have trouble keeping [his/her] mind on [his/her] [schoolwork/work] or other things?	0	1
18. Has it often seemed hard for [him/her] to make up [his/her] mind or to make decisions?	0	1
19. Has _____ said [he/she] often thought about death or about people who had died or about being dead [himself/herself]?	0	1
20. Has [he/she] talked seriously about killing [himself/herself]?	0	1
21. Has [he/she] tried to kill [himself/herself] in the last four weeks?	0	1
22. Has [he/she] EVER, in [his/her] WHOLE LIFE, tried to kill [himself/herself] or made a suicide attempt?	0	1

Score	Chance of Depression	How often is this seen?
0–4	Very Unlikely	in 2/3 of teens
5–9	Moderately Likely	in 1/4 of teens
10–12	Likely	in 1/10 of teens
13 and Above	Highly Likely	in 1/50 of teens