

SOS High School Suicide Prevention Program

Parent Screening Form

- Child's Age: _____
- Child's Gender: Female Male
- Child's Grade in School:
 8 9 10
 11 12 GED Program
 Other: _____
- Child's Ethnicity: Hispanic/Latino Not Hispanic/Latino
- Child's Race: (*Check all that apply*)
 American Indian/Alaska Native Asian
 Native Hawaiian/Other Pacific Islander White
 Black/African American Other/Multiracial
- Is your child currently being treated for depression?
 Yes No

Brief Screen for Adolescent Depression (BSAD)* Parent Version

These questions are about feelings that people sometimes have and things that may have happened to your child. Most of the questions are about the **LAST FOUR WEEKS**.

Read each question carefully and answer it by circling the correct response.

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|-----------|--|------------|-----------|
| 1. | In the last four weeks, has there been a time when it seemed like nothing was fun for him/her and he/she just wasn't interested in anything? | Yes | No |
| 2. | Has he/she seemed to have less energy than he/she usually does? | Yes | No |
| 3. | In the last four weeks has it seemed like he/she couldn't think as clearly or as fast as usual? | Yes | No |
| 4. | In the last four weeks, has he/she talked seriously about killing him/her self? | Yes | No |
| 5. | Has he/she tried to kill him/her self <i>in the last year</i> ? | Yes | No |
| 6. | In the last four weeks, has he/she had trouble sleeping—that is trouble falling asleep, staying asleep, or waking up too early? | Yes | No |
| 7. | Has there been a time when your child seemed to do things, like walking or talking, much more slowly than usual? | Yes | No |
| 8. | In the last four weeks has he/she often seemed to have trouble keeping his/her mind on his/her schoolwork or other things? | Yes | No |
| 9. | 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? | Yes | No |

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SOS High School Suicide Prevention Program Scoring Instructions and Interpretation for Parents

The Brief Screen for Adolescent Depression (BSAD) is a depression screening tool for teens and adolescents. In the Parent Version, you are asked to answer questions about your child. The BSAD does **not** definitively diagnose a teen or adolescent as depressed, but it does give an indication of whether he or she should be referred to a health care professional (medical doctor, psychiatrist, psychologist, nurse, counselor or social worker) for further evaluation.

The score on the BSAD is achieved by adding up the number of “Yes” answers to the 9 questions on the scale. The following guidelines are *estimates* of the likelihood that your child may be depressed:

SCORE	MEANING
0-2	Scores of 2 or lower (two or fewer “Yes” answers) indicate that it is <i>unlikely</i> that a teen is depressed.
3	Scores of 3 (three “Yes” answers) indicate that a teen <i>may be</i> depressed, and he or she might benefit from further screening by a mental health professional.
4-7	Scores of 4 or higher (four or more “Yes” answers) indicate that it is <i>likely</i> that a teen is depressed. He or she probably has some significant symptoms of depression and would benefit from talking to a mental health professional about these feelings.
Questions 4 and 5	These questions are about suicidal thoughts and suicide attempts. If you answered “Yes” to <i>either</i> of these questions, it is <i>strongly recommended</i> that your teen see a mental health professional for further evaluation, <i>regardless of his or her score</i> .