

# 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        |