Name: ___________________________________________ Grade ____ Age ____ Male ____ Female ____

- List a trusted adult you could turn to as your personal contact (examples: “My English teacher”, “counselor”, my mother, uncle,”)

  In School: ___________________________ Out of School: ___________________________

- Is depression or suicide something you are concerned about in a friend or family member?
  Yes______ No______

- Are you currently being treated for depression?
  Yes______ No______

- Comments about today’s program: __________________________________________________________
  ___________________________________________ __________________________________________

The following screening tool will help us know more about your experiences with depression. Thank you for taking the time to complete it.

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**Brief Screen for Adolescent Depression (BSAD)**

<table>
<thead>
<tr>
<th>Columbia DISC Development Group, 1051 Riverside Drive, New York, NY 10032 Copyright 2001 Christopher P. Lucas, MD, MPH Do not reproduce without permission.</th>
</tr>
</thead>
<tbody>
<tr>
<td>These questions are about feelings that people sometimes have and things that may have happened to you. Most of the questions are about the LAST FOUR WEEKS.</td>
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<tr>
<td>Read each question carefully and answer it by circling the correct response.</td>
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</tbody>
</table>

1. In the last four weeks, has there been a time when nothing was fun for you and you just weren’t interested in anything?  
   No ___ Yes ___

2. Do you have less energy than you usually do?  
   No ___ Yes ___

3. Do you feel you can’t do anything well or that you are not as good-looking?  
   No ___ Yes ___

4. Do you think seriously about killing yourself?  
   No ___ Yes ___

5. Have you tried to kill yourself in the last year?  
   No ___ Yes ___

6. Does doing even little things make you feel really tired?  
   No ___ Yes ___

7. In the four weeks has it seemed like you couldn’t think as clearly or as fast as usual?  
   No ___ Yes ___

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**Based on the Signs of Suicide Video and Program,**

I feel that….  
_____ I need to talk to someone  
_____ I do not need to talk to someone  
………about myself, a friend or family member.

If you wish to speak with someone, you will be contacted within 48 hours. If you wish to speak with someone sooner, **PLEASE APPROACH STAFF IMMEDIATELY**

- What are ways the school can better help support students who may be depressed? Use other side of paper if needed