

# SOS High School Suicide Prevention Program

## Student Screening Form

- |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1 Age: _____</p> <p>2 Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>3 Grade in school:</p> <p><input type="checkbox"/> 8      <input type="checkbox"/> 9      <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11      <input type="checkbox"/> 12      <input type="checkbox"/> GED Program</p> | <p>4 Ethnic/Racial Group: <i>(check all that apply)</i></p> <p><input type="checkbox"/> American Indian/Alaska Native      <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American      <input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander      <input type="checkbox"/> White</p> <p><input type="checkbox"/> Other</p> <p>5 Are you currently being treated for Depression?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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.

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <p>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?</p> <p>2 Do you have less energy than you usually do?</p> <p>3 Do you feel you can't do anything well or that you are not as good-looking or as smart as most other people?</p> <p>4 Do you think seriously about killing yourself?</p> <p>5 Have you tried to kill yourself <i>in the last year</i>?</p> <p>6 Does doing even little things make you feel really tired?</p> <p>7 In the last four weeks has it seemed like you couldn't think as clearly or as fast as usual?</p> | <p>No      Yes</p> <p>No      Yes</p> <p>No      Yes</p> <p>No      Yes</p> <p>No      Yes</p> <p>No      Yes</p> <p>No      Yes</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|

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## Additional questions regarding alcohol use

- |                                                                                                                                                                                                                                               |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <p>a In the past year, have you used alcohol because you were feeling down?</p> <p>b In the past year, has there been a time when you had five or more alcoholic drinks in a row (by "drinks" we mean any kind of beer, wine, or liquor)?</p> | <p>No      Yes</p> <p>No      Yes</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

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ID # \_\_\_\_\_

Based on the video and/or screening, I feel:

\_\_\_\_\_ I **need** to talk to someone . . .

\_\_\_\_\_ I **do not** need to talk to someone . . . . .

About myself or a friend.

If you wish to speak with someone, you will be contacted within 24 hours. If you wish to speak with someone sooner, please approach staff immediately.

**SOS High School Suicide Prevention Program**  
**Scoring Instructions and Interpretation for Students**

The Brief Screen for Adolescent Depression (BSAD) is a depression screening tool for teens and adolescents. It **cannot** tell you for sure if you suffer from depression, but it can tell you whether or not you should see a health care professional (medical doctor, psychiatrist, psychologist, nurse, counselor or social worker) for a follow-up evaluation.

To calculate your score on the BSAD, add up the number of “Yes” answers to the 7 questions on the scale. The following guidelines are *estimates* of the likelihood that you may be clinically depressed:

SCORE	RESULTS AND INTERPRETATION
<b>0-2</b>	If you scored 2 or lower (two or fewer “Yes” answers), it is <b><i>unlikely</i></b> that you are clinically depressed.*
<b>3</b>	If you scored 3 (three “Yes” answers), you <b><i>may be</i></b> clinically depressed, and you might benefit from further screening by a mental health professional.*
<b>4 or higher</b>	If you scored 4 or higher (four or more “Yes” answers), it is <b><i>likely</i></b> that you are clinically depressed. You probably have some significant symptoms of depression and would benefit from talking to a mental health professional about these feelings.*
<b>Questions 4 and 5</b>	These questions are about suicidal thoughts and suicide attempts. If you answered “Yes” to <i>either</i> of these questions, it is <b><i>strongly recommended</i></b> that you see a mental health professional for further evaluation, <i>regardless of your score</i> .*

There are additional questions listed at the bottom of the screening form that ask about your alcohol use, as it may relate to depression and suicide. To understand your answers to the additional questions regarding alcohol use, please read the interpretation listed below.

SCORE	RESULTS AND INTERPRETATION
<b>“Yes” to Questions a and b</b>	<ul style="list-style-type: none"> <li>• If you answered, “Yes” to both questions <b>a</b> and <b>b</b> concerning alcohol use, you may be using alcohol in a way that is dangerous to your health and also increasing your risk for suicide. You might benefit from talking with a health professional.*</li> </ul>

**\* PLEASE TURN OVER FOR FOLLOW-UP SUGGESTIONS**

## **WHAT TO DO IF...**

<p><b>Your score does <i>NOT</i> say you should talk with a health professional</b></p>	<ul style="list-style-type: none"><li>• If you ever have feelings of sadness that won't go away and nothing will cheer you up, you should talk to a health care professional or another adult you trust in order to figure out what you should do to get professional help.</li></ul>
<p><b>Your score says you should talk with a health professional</b></p>	<ul style="list-style-type: none"><li>• Talk to your parents or guardians as well as the school counselor or nurse (or other person your school has designated for you to speak with) about your score.</li><li>• If you are uncomfortable with these options, talk to another adult you trust and respect, tell him or her that you are concerned about your score and ask him or her to help you. If it makes you feel more comfortable, bring a friend with you.</li></ul>
<p><b>You are concerned about a friend</b></p>	<ul style="list-style-type: none"><li>• If you are ever concerned about these feelings in a friend, offer to go with your friend to speak with a health professional or an adult about his or her feelings.</li><li>• If your friend refuses, confide in a trusted adult or health professional who may assist you in getting your friend the help he or she needs.</li></ul>
<p><b><u>Bottom line:</u> It is important to take the results of this screening seriously and use it as a motivation to get help for yourself or a friend. You and your friend deserve to feel better, and help and support are available to you!</b></p>	

# SOS High School Suicide Prevention Program

## Parent Screening Form

- 1 Child's age: \_\_\_\_\_
- 2 Child's gender:  Female  Male
- 3 Child's grade in school:  
 8  9  10  
 11  12  GED Program
- 4 Child's Ethnic/Racial Group (*check all that apply*):  
 American Indian/Alaska Native  Asian  
 Black/African American  Hispanic/Latino  
 Native Hawaiian/Other Pacific Islander  White  
 Other
- 5 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

- |   |                                                                                                                                              |    |     |
|---|----------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 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? | No | Yes |
| 2 | Has he/she seemed to have less energy than he/she usually does?                                                                              | No | Yes |
| 3 | In the last four weeks has it seemed like he/she couldn't think as clearly or as fast as usual?                                              | No | Yes |
| 4 | In the last four weeks, has he/she talked seriously about killing him/her self?                                                              | No | Yes |
| 5 | Has he/she tried to kill him/her self <i>in the last year</i> ?                                                                              | No | Yes |
| 6 | In the last four weeks, has he/she had trouble sleeping—that is trouble falling asleep, staying asleep, or waking up too early?              | No | Yes |
| 7 | Has there been a time when your child seemed to do things, like walking or talking, much more slowly than usual?                             | No | Yes |
| 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?                   | No | Yes |
| 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?                          | No | Yes |

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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 clinically 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 clinically depressed:

SCORE	RESULTS AND INTERPRETATION
<b>0-2</b>	Scores of 2 or lower (two or fewer “Yes” answers) indicate that it is <i>unlikely</i> that a teen is clinically depressed.
<b>3</b>	Scores of 3 (three “Yes” answers) indicate that a teen <i>may be</i> clinically depressed, and he or she might benefit from further screening by a mental health professional.
<b>4 or higher</b>	Scores of 4 or higher (four or more “Yes” answers) indicate that it is <i>likely</i> that a teen is clinically depressed. He or she probably has some significant symptoms of depression and would benefit from talking to a mental health professional about these feelings.
<b>Questions 4 and 5</b>	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>