

SOS Signs of Suicide[®] Prevention Program

Student Screening Form

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.

- | | |
|--|--------|
| 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? | Yes No |
| 2. Do you have less energy than you usually do? | Yes No |
| 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? | Yes No |
| 4. Do you think seriously about killing yourself? | Yes No |
| 5. Have you tried to kill yourself <i>in the last year</i> ? | Yes No |
| 6. Does doing even little things make you feel really tired? | Yes No |
| 7. In the last four weeks has it seemed like you couldn't think as clearly or as fast as usual? | Yes No |

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Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself or a friend (example: "My English teacher," "counselor," "my mother," "uncle," etc.)

In school _____

Out of school _____