

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 |

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