

# SOS Signs of Suicide<sup>®</sup> Prevention Program

## Parent Screening Form

- Child's Age: \_\_\_\_\_
- Child's Gender: Female Male
- Child's Grade in School:
  - 6 7 8 9 10
  - 11 12 GED Program
  - Other: \_\_\_\_\_
- Child's Ethnicity: Hispanic/Latino Not Hispanic/Latino
- Child's Race: (*Check all that apply*)
  - American Indian/Alaska Native Asian
  - Native Hawaiian/Other Pacific Islander White
  - Black/African American Other/Multiracial
- 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.

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|--|-----|----|
| 1. In the last four weeks, has there been a time when it seemed like nothing was fun for him/her?                                  | Yes | No |
| 2. Has he/she seemed to have less energy than he/she usually does?   | Yes | No |
| 3. In the last four weeks has it seemed like he/she couldn't think as clearly or as fast as usual?                                 | Yes | No |
| 4. In the last four weeks, has he/she talked seriously about killing him/herself?  | Yes | No |
| 5. Has he/she tried to kill him/herself <i>in the last year</i> ?  | Yes | No |
| 6. In the last four weeks, has he/she had trouble sleeping—that is trouble falling asleep, staying asleep, or waking up too early? | Yes | No |
| 7. Has there been a time when your child seemed to do things, like walking or talking, much more slowly than usual?                | Yes | No |
| 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?      | Yes | No |
| 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?             | Yes | No |

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