

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

## Parent Screening Form

- Child's Age: \_\_\_\_\_
- Child's Ethnicity:  Hispanic/Latino  Not Hispanic/Latino
- Child's Grade: \_\_\_\_\_
- Child's Race: *(Check all that apply)*
- Child's Gender:  American Indian/Alaska Native  Black/African American  White
- Female  Male  Transgender  Native Hawaiian/Other Pacific Islander  Other/Multicultural  Asian
- Is your child currently being treated for depression?  Yes  No

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

Please answer the following questions as honestly as possible by circling the "Yes" or "No" response.

### In the last four weeks...

- |   |     |    |
|---|-----|----|
| 1. Has it seemed like nothing was fun for your child?   | Yes | No |
| 2. Has your child seemed to have less energy than they usually do?  | Yes | No |
| 3. Has it seemed like your child couldn't think as clearly or as fast as usual?   | Yes | No |
| 4. Has your child talked seriously about killing themselves?  | Yes | No |
| 5. Has your child EVER, in their WHOLE LIFE, tried to kill themselves or made a suicide attempt?                        | Yes | No |
| 6. Has your child 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. Has your child often seemed to have trouble keeping their mind on their schoolwork or other things?                  | Yes | No |
| 9. Has your child said they couldn't do anything well or that they weren't as good looking or as smart as other people? | Yes | No |

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## 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** diagnose a teen or adolescent as depressed, but it does give an indication of whether they should be referred to a healthcare 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 depressed:

SCORE	MEANING
<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 depressed.
<b>3</b>	Scores of 3 (three “Yes” answers) indicate that a teen may be depressed, and your child might benefit from further screening by a mental health professional.
<b>4-9</b>	Scores of 4 or higher (four or more “Yes” answers) indicate that it is likely that a teen is depressed. Your child 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 two 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 their score</i> .
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**If you are worried about yourself or someone else,  
call the National Suicide Prevention Lifeline, at 1-800-273-TALK (8255).**