

Columbia 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 EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?	0	1
22. Have you tried to kill yourself in the last four weeks?	0	1

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Columbia Depression Scale (Ages 11 and over)

Present State (last 4 weeks)

TO BE COMPLETED BY PARENT OF FEMALE CHILD

If the answer to the question is "No," circle the 0; if it is "Yes," circle the 1.

Please answer the following questions about your daughter (female child) as honestly as possible.

In the last four weeks ...	No	Yes
1. Has she often seemed sad or depressed?	0	1
2. Has it seemed like nothing was fun for her and she just wasn't interested in anything?	0	1
3. Has she often been grouchy or irritable and often in a bad mood, when even little things would make her mad?	0	1
4. Has she lost weight, more than just a few pounds?	0	1
5. Has it seemed like she lost her appetite or ate a lot less than usual?	0	1
6. Has she gained a lot of weight, more than just a few pounds?	0	1
7. Has it seemed like she felt much hungrier than usual or ate a lot more than usual?	0	1
8. Has she had trouble sleeping – that is, trouble falling asleep, staying asleep, or waking up too early?	0	1
9. Has she slept more during the day than she usually does?	0	1
10. Has she seemed to do things like walking or talking much more slowly than usual?	0	1
11. Has she often seemed restless ... like she just had to keep walking around?	0	1
12. Has she seemed to have less energy than she usually does?	0	1
13. Has doing even little things seemed to make her feel really tired?	0	1
14. Has she often blamed herself for bad things that happened?	0	1
15. Has she said she couldn't do anything well or that she wasn't as good looking or as smart as other people?	0	1
16. Has it seemed like she couldn't think as clearly or as fast as usual?	0	1
17. Has she often seemed to have trouble keeping her mind on her [schoolwork/work] or other things?	0	1
18. Has it often seemed hard for her to make up her mind or to make decisions?	0	1
19. Has she said she often thought about death or about people who had died or about being dead herself?	0	1
20. Has she talked seriously about killing herself?	0	1
21. Has she EVER, in her WHOLE LIFE, tried to kill herself or made a suicide attempt?	0	1
22. Has she tried to kill herself in the last four weeks?	0	1

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Present State (last 4 weeks)

TO BE COMPLETED BY PARENT OF MALE CHILD

If the answer to the question is "No," circle the 0; if it is "Yes," circle the 1.

Please answer the following questions about your son (male child) as honestly as possible.

In the last four weeks ...	No	Yes
1. Has he often seemed sad or depressed?	0	1
2. Has it seemed like nothing was fun for him and he just wasn't interested in anything?	0	1
3. Has he often been grouchy or irritable and often in a bad mood, when even little things would make him mad?	0	1
4. Has he lost weight, more than just a few pounds?	0	1
5. Has it seemed like he lost his appetite or ate a lot less than usual?	0	1
6. Has he gained a lot of weight, more than just a few pounds?	0	1
7. Has it seemed like he felt much hungrier than usual or ate a lot more than usual?	0	1
8. Has he had trouble sleeping – that is, trouble falling asleep, staying asleep, or waking up too early?	0	1
9. Has he slept more during the day than he usually does?	0	1
10. Has he seemed to do things like walking or talking much more slowly than usual?	0	1
11. Has he often seemed restless ... like he just had to keep walking around?	0	1
12. Has he seemed to have less energy than he usually does?	0	1
13. Has doing even little things seemed to make him feel really tired?	0	1
14. Has he often blamed himself for bad things that happened?	0	1
15. Has he said he couldn't do anything well or that he wasn't as good looking or as smart as other people?	0	1
16. Has it seemed like he couldn't think as clearly or as fast as usual?	0	1
17. Has he often seemed to have trouble keeping his mind on his [schoolwork/work] or other things?	0	1
18. Has it often seemed hard for him to make up his mind or to make decisions?	0	1
19. Has he said he often thought about death or about people who had died or about being dead himself?	0	1
20. Has he talked seriously about killing himself?	0	1
21. Has he EVER, in his WHOLE LIFE, tried to kill himself or made a suicide attempt?	0	1
22. Has he tried to kill himself in the last four weeks?	0	1

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YOUTH-COMPLETED FORM

Add up "1"s ("yes") on items 1 to 21.

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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Present State (last 4 weeks)

PARENT-COMPLETED FORM

Add up "1"s ("yes") on items 1 to 21.

Score	Chance of Depression	How often is this seen?
0-4	Very Unlikely	in 2/3 of teens
5-9	Moderately Likely	in 1/4 of teens
10-12	Likely	in 1/10 of teens
13 and Above	Highly Likely	in 1/50 of teens

Mood Monitoring Form

Day and Time	Situation	Thoughts	Mood Rating (Scale of 1-10)

Tips to Remember for Mood Monitoring Form

- Explain form to child and give him/her examples for each column.
- Explain 1–10 mood ratings to child (e.g., 1 is best you have ever felt or can imagine feeling, and 10 is the worst) and have child give examples of different ratings.
- Start small — have child fill out the form for one day of the week and then increase the amount of time if appropriate.
- In the beginning of treatment, have child fill out day/time, situation, and mood rating columns.
- As treatment progresses, have child fill out thoughts column.
- Use form to identify the link between thoughts and feelings and to identify negative thoughts.
- Once negative thoughts have been identified, have child write down more accurate thoughts.
- Discuss with child how these more accurate thoughts lead to changes in his/her mood.