

SOS High School Suicide Prevention Program
Student Screening Form

1. Age: _____
2. Gender: ___ Female ___ Male
3. Grade in School:
___ 8 ___ 9 ___ 10
___ 11 ___ 12 ___ GED Program
4. Ethnic/Racial Group (Check all that apply).

- ___ African American
- ___ Caucasian (White)
- ___ American Indian
- ___ Hispanic
- ___ Asian
- ___ Other _____

5. Are you currently being treated for Depression? ___ Yes ___ No

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?

___ NO ___ YES

2. Do you have less energy than you usually do? ___NO ___YES

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?

___ NO ___ YES

4. Do you think seriously about killing yourself? ___NO ___YES

5. Have you tried to kill yourself IN THE LAST YEAR? ___NO ___YES

6. Does doing even little things make you feel really tired? ___NO ___YES

7. In the last four weeks has it seemed like you couldn't think as clearly or as fast as usual?

___ NO ___ YES

Additional questions regarding alcohol use.

- A. In the past year, have you used alcohol because you were feeling down?

___ NO ___ Yes

- B. In the past year, has there been a time when you had five or more alcoholic drinks in a row (by "drinks" we mean any kind of beer, wine or liquor?) ___No ___ Yes