Adolescent Reports

Columbia Depression Scale - Teen Version (formerly known as the Columbia DISC Depression Scale).

- This Scale has 22 yes/no questions that are the depression stem questions from the Diagnostic Interview Schedule for Children (DISC), which is a structured clinical interview of children that covers all major mental health diagnoses. Question 22 is not scored.
- This scale includes questions about suicidal ideation and attempts.
- Free with permission: please contact FisherP@childpsych.columbia.edu

Selected References:

Lucas, C.P., Gould, M.S., Fisher, P., Shen, S. Laverdiere, MC, Shaffer, D. (in preparation) Screening for adolescent depression: A Comparison of the Columbia Depression Scale and the Beck Depression Inventory.

Shaffer D. Fisher P. Lucas CP. Dulcan MK. Schwab-Stone ME. NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV): description, differences from previous versions, and reliability of some common diagnoses. *Journal of the American Academy of Child & Adolescent Psychiatry. 39(1):28-38, 2000*

Kutcher Adolescent Depression Scale – 6-item

- Several versions of the KADS are available and have been tested. The 6-item is recommended for screening. Longer versions are available for other purposes.
- Free with Permission.

Selected References:

LeBlanc JC. Almudevar A. Brooks SJ. Kutcher S. Screening for adolescent depression: comparison of the Kutcher Adolescent Depression Scale with the Beck depression inventory. *Journal of Child & Adolescent Psychopharmacology. 12(2):113-26, 2002*

Modified PHQ-9

- The PHQ-9 is a well-validated and respected tool used to assess adult depression in primary care. For a clinical adolescent depression collaborative, the PHQ-9 was modified with permission to better represent DSM-IV adolescent depression and to include questions on suicide attempts and adolescent dysthymia. These modifications have never been validated in a research setting.

Selected References:

Kroenke K. Spitzer RL. Williams JB. The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine. 16(9):606-13, 2001 Sep*

CHILD & ADOLESCENT PSYCHIATRY AT COLUMBIA UNIVERSITY & NYSPI

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

October 11, 2007

Columbia Depression Scale (Ages 11 and over)

Present State (last 4 weeks)

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

October 11, 2007

6-item Kutcher Adolescent Depression Scale (KADS)

Over the last week, how have you been "on average" or "usually" regarding the following items:

1) low mood, sadness, feeling blah or down, depressed, just can't be bothered.
   a) hardly ever
   b) much of the time
   c) most of the time
   d) all of the time

2) feelings of worthlessness, hopelessness, letting people down, not being a good person.
   a) hardly ever
   b) much of the time
   c) most of the time
   d) all of the time

3) feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot.
   a) hardly ever
   b) much of the time
   c) most of the time
   d) all of the time

4) feeling that life is not very much fun, not feeling good when usually (before getting sick) would feel good, not getting as much pleasure from fun things as usual (before getting sick).
   a) hardly ever
   b) much of the time
   c) most of the time
   d) all of the time

5) feeling worried, nervous, panicky, tense, keyed up, anxious.
   a) hardly ever
   b) much of the time
   c) most of the time
   d) all of the time

6) Thoughts, plans or actions about suicide or self-harm.
   a) no thoughts or plans or actions
   b) occasional thoughts, no plans or actions
   c) frequent thoughts, no plans or actions
   d) plans and/or actions that have hurt

Scoring of the 6-item Kutcher Adolescent Depression Scale (KADS):

In every item, score:

a) = 0

b) = 1

c) = 2

d) = 3

then add all 6 item scores to form a single Total Score.

Interpretation:

Total scores at or above 6 suggest 'possible depression' (and a need for more thorough assessment).

Total scores below 6 indicate 'probably not depressed'.

Patient Health Questionnaire: modified

Name: _____ Clinician: _____ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?
[ ] Yes [ ] No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

[ ] Not difficult at all [ ] Somewhat difficult [ ] Very difficult [ ] Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?
[ ] Yes [ ] No

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
[ ] Yes [ ] No

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only: Severity score: _____

Scoring the PHQ-9 modified

Only questions 1-9 count in the scoring, but the other questions must be looked at to assess dysthymia and suicidality.

Add up all "X"ed boxes on the PHQ-9.

For every X:	Not at all = 0
	Several days = 1
	More than half the days = 2
	Nearly every day = 3

Total Score	**Depression Severity**
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

CUESTIONARIO SOBRE LA SALUD DEL PACIENTE: Modificado

Nombre: _____ Clinico: _____ Fecha: _____

Instrucciones: ¿Qué tan a menudo ha sentido cada uno de los siguientes síntomas durante las dos ultimas semanas? Por cada síntoma escriba una "X" en el cuadro que mehor describe como se siente.

	(0) Ninguno	*(1)* Varios Días	*(2)* Mas de la Mitad de los Días	*(3)* Casi Todos los Días
1. ¿Se seinte deprimido, irritado, o sin esperanza?				
2. ¿Poco interés or placer para hacer cosas?				
3. ¿Tiene dificultad para dormirse, quedarse dormido, o duerme demasiado?				
4. ¿Poco apetito, perdida de peso, o come demasiado?				
5. ¿Se siente cansado o tiene poca energía?				
7. ¿Se seinte mal por usted mismo-o siente que es un fracasado, o que le ha fallado a su familia y a usted mismo?				
7. ¿Tiene problema para concetrarse en cosas tales como tareas escolares, leer, o ver televisión?				
8. ¿Se mueve o habla tan lentamente que las otras personas pueden notarlo? ¿O al contrario-esta tan inquieto que se mueve mas de lo usual?				
10. ¿Pensamientos que estaría mejor muerto o de hacerse daño usted mismo de alguna manera ?				

¿En el año pasado se ha sentido deprimido o triste la mayoría de los días, aun cuando se siente bien algunas veces?

[ ] Si [ ] No

Si usted esta pasando por cualquiera de los problemas mencionados en este formulario, ¿qué tan difícil estos problemas le causan para hacer su trabajo, hacer las cosas de la casa, o relacionarse con las demás personas?

[ ] No difícil [ ] Un poco difícil [ ] Muy difícil [ ] Sumamente difícil

¿En el mes pasado hubo algún momento donde usted pensó seriamente en terminar con su vida?

[ ] Si [ ] No

¿Alguna vez en su vida, trato de matarse o trato de suicidarse?

[ ] Si [ ] No

***Si usted piensa que estaría mejor muerto o piensa hacerse daño de alguna manera, por favor hable sobre esto con el Clinico de Atencion de Salud, o vaya a la sala de emergencia de un hospital o llame al 911.*

Para uso de la oficina solamente: Severity score: _____

Translated by the Asian/American Center of Queens College with funds provided by the Queens Borough President Helen Marshall Modified with permission from the PHQ-9 [Modified from PRIME-MD PHQ-9 ®. Copyright© 1999 Pfizer Inc. (Spitzer et al, JAMA, 1999)], Revised PHQ-A (Johnson, 2002), and the Columbia DDS (DISC Development Group, 2000)