

Parent Reports

Columbia Depression Scale - Parent Report (formerly known as the Columbia DISC Depression Scale).

- This Parent-report Scale has 22 yes/no questions that are the depression stem questions from the Diagnostic Interview Schedule for Children (DISC)-parent version, which is a structured clinical interview of parents that covers all major mental health diagnoses. Question 22 is not scored.
- This scale includes questions about suicidal ideation and attempts.
- Free with Permission: 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

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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Columbia Depression Scale (Ages 11 and over)

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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Columbia Depression Scale (Ages 11 and over)

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

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