

# 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

# 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 <b>past year</b> have you felt depressed or sad most days, even if you felt okay sometimes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you are experiencing any of the problems on this form, how <b>difficult</b> have these problems made it for you to do your work, take care of things at home or get along with other people?  <input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult				
Has there been a time in the <b>past month</b> when you have had serious thoughts about ending your life? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you <b>EVER</b> , in your <b>WHOLE LIFE</b> , tried to kill yourself or made a suicide attempt? <input type="checkbox"/> Yes <input type="checkbox"/> 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:** \_\_\_\_\_

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)