

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Date completed \_\_\_\_\_

**Columbia Depression Scale (Ages 11 and over)  
Present State (last 4 weeks)  
TO BE COMPLETED BY PARENT**

If the answer to the question is "No," check the box beneath "No"; if it is "Yes", check the box below "Yes". Please answer the following questions as honestly as possible.

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