## **SOS Signs of Suicide® Prevention Program**

| Student Screening Form  |  |                 |          |
|---|--|-----------------|----------|
| • Age:  | ■ Ethnicity: □Hispanic/Latino □Not Hispanic/L  | Latino          |          |
| <ul> <li>Gender: □Female □Male</li> <li>Grade in School: □6 □7 □8 □9 □10 □11 □12 □GED Program □ Other: □</li> </ul> | <ul> <li>Race: (Check all that apply)</li> <li>□ American Indian/Alaska Native</li> <li>□ Native Hawaiian/Other Pacific Islander</li> <li>□ Black/African American</li> <li>□ Other</li> </ul> • Are you currently being treated for depression? | te<br>er/Multir | acial    |
| Brief Screen for Adolescent De  | pression (BSAD)*   |                 |          |
| These questions are about feelings that   | people sometimes have and things that may have ons are about the <i>LAST FOUR WEEKS</i> .  |                 |          |
| •   | time when nothing was fun for you and you just   | Yes             | No       |
| 2. Do you have less energy than you usual   | ly do?   | Yes             | No       |
| <b>3.</b> Do you feel you can't do anything well most other people?   | or that you are not as good-looking or as smart as   | Yes             | No       |
| 4. Do you think seriously about killing you   | urself?  | Yes             | No       |
| 5. Have you tried to kill yourself in the last  | st year?   | Yes             | No       |
| <b>6.</b> Does doing even little things make you  | feel really tired?   | Yes             | No       |
| 7. In the last four weeks has it seemed like  | you couldn't think as clearly or as fast as usual?   | Yes             | No       |
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| Identifying Trusted Adults  |  |                 |          |
|   |  |                 |          |

| Identify | ving ' | Trusted | Adults   |
|----------|--------|---------|----------|
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| List a trusted adult you could turn to if you need help for yourself or a friend (example: "My English teacher," "counselor," my mother," "uncle," etc.) |
|--|
| In School:   |
| Out of School:   |

## SOS Signs of Suicide® Program - Your BSAD Score and What It Means

The BSAD (Brief Screen for Adolescent Depression) is a self-survey so you can check yourself for depression and suicide risk. Your BSAD survey score will tell you whether you should see a school health professional (psychologist, nurse, counselor or social worker) for a follow-up discussion.

To find out your BSAD score, add up the number of "Yes" answers to questions 1-7. Use the table below to find out what your score means and what you should do.

| SCORE             | MEANING   |  |  |  |
|-------------------|---|--|--|--|
| 0-2               | It is <i>unlikely</i> that you have depression.   |  |  |  |
|                   | However, if you often have feelings of sadness you should talk to a trusted adult (parents/guardians/school staff person) to try to figure out what you should do.  |  |  |  |
|                   | Even though your score says that you are not depressed you might still want to talk to a healthcare professional if your feelings of sadness do not go away.  |  |  |  |
| 3                 | It is <i>possible</i> that you have depression.   |  |  |  |
|                   | You <i>should talk with a healthcare professional</i> . Tell a trusted adult (parent/guardian/school staff person) your concerns and ask if they could help you connect with a mental health professional.  If it makes you feel more comfortable, bring a friend with you. Tell the adult that you <i>may be</i> clinically depressed and that you might need to see a mental health professional. |  |  |  |
| 4-7               | It is <i>likely</i> that you have depression.   |  |  |  |
|                   | You probably have some significant symptoms of depression and you <i>should talk to a mental health professional</i> about these feelings. Tell a trusted adult (parent/guardian/school staff person) about your feelings and ask if they could help you see a mental health professional.  |  |  |  |
| 0                 | These two questions are short suicidal thoughts and haborious If you are seen a "Wy - ""  |  |  |  |
| Questions 4 and 5 | These two questions are about <i>suicidal</i> thoughts and behaviors. If you answered "Yes" to <i>either</i> question 4 or 5, you should see a mental health professional immediately - <i>regardless</i>   |  |  |  |
| 4 and 5           | of your total BSAD score.   |  |  |  |

| Identifying Trusted Adults |  |  |  |  |  |
|----------------------------|--|--|--|--|--|
| Concerned                  | It's important to know who you can turn to if need to talk. If you had trouble identifying a trusted |  |  |  |  |
| about                      | adult, ask to speak with the person implementing the SOS Program. Let someone know you need          |  |  |  |  |
| yourself or                | help building this important connection. If you are worried about your friend but your friend        |  |  |  |  |
| a friend?                  | refuses to speak to someone, ask your trusted adult to help get your friend the assistance he or she |  |  |  |  |
|                            | needs.   |  |  |  |  |

**Bottom line:** Take these screening results seriously and get help. You or your friend deserves to feel better, and help and support are available to you. **If you are worried about yourself or someone else, call the National Suicide Prevention Lifeline, at 1-800-273-TALK (8255).**