



Depression Screening Activity

This is a self-survey activity to check yourself for depression and suicide risk. Your survey score will tell you whether you should see a trusted adult for a follow-up discussion.

In the last four weeks:

- | | | |
|---|------------|-----------|
| 1. Have you felt like nothing is fun for you and you just aren't interested in anything? | Yes | No |
| <hr/> | | |
| 2. Have you had less energy than you usually do? | Yes | No |
| <hr/> | | |
| 3. Have you felt you couldn't do anything well or that you weren't as good-looking or smart as most other people? | Yes | No |
| <hr/> | | |
| 4. Have you thought seriously about killing yourself? | Yes | No |
| <hr/> | | |
| 5. Have you ever, in your whole life, tried to kill yourself or made a suicide attempt? | Yes | No |
| <hr/> | | |
| 6. Has doing even little things made you feel really tired? | Yes | No |
| <hr/> | | |
| 7. Has it seemed like you couldn't think as clearly or as fast as usual? | Yes | No |
| <hr/> | | |

Identifying Trusted Adults

List trusted adults you could turn to if you need help for yourself or a friend
(for example: "My English teacher", "Ms. Smith", "my mother", "Uncle James", etc.)

In school _____

Out of school _____

This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

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