SNELLVILLE PEDIATRICS, P.C.

Josephine R. Dunagan, MD
Pediatrics & Adolescent Medicine

Benjamin Craighead, MD
Pediatrics

Alexa Thompson, CPNP
Pediatric Nurse Practitioner

Reid Fotion, M.D.
Pediatrics & Clinical Genetics

Juanita Joiner, CPNP
Pediatric Nurse Practitioner

Karlie Porter, CPNP
Pediatric Nurse Practitioner

Robyn Miller, MD
Pediatrics

Laurie Chandler, CPNP
Pediatric Nurse Practitioner

Jennifer Davis, CPNP
Pediatric Nurse Practitioner

Dear Parents:

The attached questionnaire Columbia DISC Depression Scale (Ages 11 and over) allows us to obtain key information in order to evaluate your concerns regarding your child's behavior and emotions. Please have your child complete DISC Depression scale form it is crucial to obtain information from your child regarding them. Your child cannot be properly evaluated and/or diagnosed without input from the child. Please allow the child to complete the **DISC Depression Scale** form. Please complete all forms before your child's in-office consultation. This will ensure that we have the information necessary to evaluate your child.

After reviewing the completed assessments, we will schedule a consultation appointment for you and your child. ***Consultations are only scheduled on Tuesdays, Wednesdays, and Thursdays.***

Please return the completed assessments at your earliest convenience. We look forward to the opportunity to assist you and your child!

Best Regards,

Triage Department
Snellville Pediatrics, P.C.

Completed forms may be faxed to Rosie at (678) 344-1965 or emailed to rcontreras@snellvillepeds.com

CHILD & ADOLESCENT PSYCHIATRY AT COLUMBIA UNIVERSITY & NYSPI

Columbia DISC Depression Scale (Ages 11 and over)

Present State (last 4 weeks)

TO BE COMPLETED BY TEEN

If the answer to the question is "No," circle the 0; if it is "Yes," circle the 1.
Please answer the following questions as honestly as possible.

In the last four weeks ...	No	Yes
1. Have you often felt sad or depressed?	0	1
2. Have you felt like nothing is fun for you and you just aren't interested in anything?	0	1
3. Have you often felt grouchy or irritable and often in a bad mood, when even little things would make you mad?	0	1
4. Have you lost weight, more than just a few pounds?	0	1
5. Have you lost your appetite or often felt less like eating?	0	1
6. Have you gained a lot of weight, more than just a few pounds?	0	1
7. Have you felt much hungrier than usual or eaten a lot more than usual?	0	1
8. Have you had trouble sleeping, that is, trouble falling asleep, staying asleep, or waking up too early?	0	1
9. Have you slept more during the day than you usually do?	0	1
10. Have you often felt slowed down ... like you walked or talked much slower than you usually do?	0	1
11. Have you often felt restless ... like you just had to keep walking around?	0	1
12. Have you had less energy than you usually do?	0	1
13. Has doing even little things made you feel really tired?	0	1
14. Have you often blamed yourself for bad things that happened?	0	1
15. Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as other people?	0	1
16. Has it seemed like you couldn't think as clearly or as fast as usual?	0	1
17. Have you often had trouble keeping your mind on your [schoolwork/work] or other things?	0	1
18. Has it often been hard for you to make up your mind or to make decisions?	0	1
19. Have you often thought about death or about people who had died or about being dead yourself?	0	1
20. Have you thought seriously about killing yourself?	0	1
21. Have you tried to kill yourself in the last four weeks?	0	1
22. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?	0	1

CHILD & ADOLESCENT PSYCHIATRY AT COLUMBIA UNIVERSITY & NYSPI

Columbia DISC Depression Scale (Ages 11 and over)

Present State (last 4 weeks)

TO BE COMPLETED BY PARENT

If the answer to the question is "No," circle the 0; if it is "Yes," circle the 1.
Please answer the following questions as honestly as possible.

In the last four weeks ...	**No**	**Yes**
1. Has _____ often seemed sad or depressed?	0	1
2. Has it seemed like nothing was fun for [him/her] and [he/she] just wasn't interested in anything?	0	1
3. Has [he/she] often been grouchy or irritable and often in a bad mood, when even little things would make [him/her] mad?	0	1
4. Has [he/she] lost weight, more than just a few pounds?	0	1
5. Has it seemed like _____ lost [his/her] appetite or ate a lot less than usual?	0	1
6. Has [he/she] gained a lot of weight, more than just a few pounds?	0	1
7. Has it seemed like [he/she] felt much hungrier than usual or ate a lot more than usual?	0	1
8. Has [he/she] had trouble sleeping – that is, trouble falling asleep, staying asleep, or waking up too early?	0	1
9. Has [he/she] slept more during the day than [he/she] usually does?	0	1
10. Has _____ seemed to do things like walking or talking much more slowly than usual?	0	1
11. Has [he/she] often seemed restless ... like [he/she] just had to keep walking around?	0	1
12. Has [he/she] seemed to have less energy than [he/she] usually does?	0	1
13. Has doing even little things seemed to make [him/her] feel really tired?	0	1
14. Has _____ often blamed [himself/herself] for bad things that happened?	0	1
15. Has [he/she] said [he/she] couldn't do anything well or that [he/she] wasn't as good looking or as smart as other people?	0	1
16. Has it seemed like [he/she] couldn't think as clearly or as fast as usual?	0	1
17. Has [he/she] often seemed to have trouble keeping [his/her] mind on [his/her] [schoolwork/work] or other things?	0	1
18. Has it often seemed hard for [him/her] to make up [his/her] mind or to make decisions?	0	1
19. Has _____ said [he/she] often thought about death or about people who had died or about being dead [himself/herself]?	0	1
20. Has [he/she] talked seriously about killing [himself/herself]?	0	1
21. Has [he/she] tried to kill [himself/herself] in the last four weeks?	0	1
22. Has [he/she] EVER, in [his/her] WHOLE LIFE, tried to kill [himself/herself] or made a suicide attempt?	0	1