

HEALTHY MINDS: DEPRESSION ASSESSMENT

Everyone feels sad or low at different times in their lives. When these feelings persist, impact the ability to perform everyday tasks or maintain friendships, or create thoughts of self-harm or suicide, depression may be to blame. The purpose of this form is to help assess your child's risk factors for depression, look for any depression signs and symptoms, and determine if your child may need professional help.

DEPRESSION RISK FACTORS (Answer these questions about your child; circle your answer)

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| 1. Do they have immediate family members with a history of depression disorder? | Yes | No | Don't Know |
| 2. Do they have a chronic or severe medical condition? | Yes | No | Don't Know |
| 3. Have they experienced any trauma? | Yes | No | Don't Know |
| 4. Do they have a disability, are LGBTQ or a racial, ethnic or religious minority? | Yes | No | Don't Know |

Answering "yes" to ANY of these risk factors means your child is more likely than a child without these risk factors to develop depression at some point in their lives.

ANXIETY SIGNS AND SYMPTOMS (Ask yourself these questions about your child; circle your answer)

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| 1. Do they seem persistently sad, anxious or in a low mode? | Yes | No | Don't Know |
| 2. Do they seem more irritable, aggressive or angrier than normal? | Yes | No | Don't Know |
| 3. Do they cry more than normal? | Yes | No | Don't Know |
| 4. Have they lost interest or pleasure in hobbies and activities once enjoyed? | Yes | No | Don't Know |
| 5. Are they sleeping more or less than normal? | Yes | No | Don't Know |
| 6. Do they have low energy or seem more tired than normal? | Yes | No | Don't Know |
| 7. Have they gained or lost weight? | Yes | No | Don't Know |
| 8. Do they seem restless or have trouble sitting still? | Yes | No | Don't Know |
| 9. Do they have difficulty concentrating, remembering or making decisions? | Yes | No | Don't Know |
| 10. Do they express feelings of hopelessness or pessimism? | Yes | No | Don't Know |
| 11. Do they express feelings of guilt, worthlessness or helplessness? | Yes | No | Don't Know |
| 12. Have they had thoughts of self-harm or suicide or have attempted suicide? | Yes | No | Don't Know |
| 13. Do they have body aches, headaches or digestive problems without a clear cause? | Yes | No | Don't Know |

DO THEY NEED HELP?

If you answer "yes" to ANY of these questions, your child may need help from a doctor, counselor or therapist. [Healthy Minds: Get Help](#) provides options for getting the help your child needs.

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| 1. My child shows 3 or more depression symptoms besides low mood. | Yes | No |
| 2. My child has been feeling sad or low for more than two weeks. | Yes | No |
| 3. My child's feelings interfere with daily activities or social interactions. | Yes | No |

If your child has thoughts of self-harm or suicide, or have attempted suicide, they need help. The National Suicide Prevention Lifeline is available 24 hours a day, is free and confidential. Call (800) 273-8255 OR Text GO to 741741 to reach a trained Crisis Counselor.