SCREENING INSTRUMENTS

NOTE: This is only a suggested list of screening instruments. Screening tools have not been validated as stand-alone assessments for mental health disorders, and must be incorporated into the entire pre-participation evaluation. Trained experts at your institution may appropriately select other screening approaches. Athletics may alternatively or additionally choose to join with campus-wide screening programs conducted in conjunction with campus counseling centers, such as College Response (www.mentalhealthscreening.org).
SCREENING TOPIC: DEPRESSION

Measure: Harvard Department of Psychiatry/National Depression Screening Day Scale


Over the past two weeks, how often have you:

1. Been feeling low in energy, slowed down?
2. Blamed yourself for things?
3. Had poor appetite?
4. Had difficulty falling asleep, staying asleep?
5. Been feeling hopeless about the future?
6. Been feeling blue?
7. Been feeling no interest in things?
8. Had feelings of worthlessness?
9. Thought about or wanted to commit suicide?
10. Had difficulty concentrating or making decisions?

Scoring: None or a little of the time=0 points; Some of the time=1 point; Most of the time=2 points; All of the time=3 points. Sum item scores.

Interpretation: Score of 0-8: symptoms are not consistent with a major depressive episode. A complete evaluation is not recommended, except in the case of a positive response to the suicide question (item 9). Score of 9-16: Symptoms are consistent with a major depressive episode. Presence of a major depressive disorder is likely. A complete evaluation is recommended. Severity level is typically mild or moderate, depending upon the degree of impairment. Score of 17-30: Symptoms are strongly consistent with criteria for a major depressive episode. Presence of major depressive disorder is very likely. A complete evaluation is strongly recommended. In this higher range, the severity level may be more severe and require immediate attention. Note: Further evaluation is recommended for any individual who scores one point or more on the suicide question (item 9), regardless of the total score.