REPLENISH

The Whatcom County Child & Adolescent Mental and Behavioral Health Community Connection Project

Assessment Preparation Worksheet - Depression

1. What are your child's strengths?

2. When did you first start noticing concerns or wondering if your child was different from their peers? What did you notice?

3. What specifically are the things you are concerned about?

4. What have you tried to address the concerns?

5. Has their sleep pattern changed at all?

6. Are they more irritable or grumpy? If so when did you notice those changes?

7. Any changes to their activities? If so in what way and then did those changes start?

8. Have they developed any school attendance issues?

9. Has there been any significant changes to their grades or ability to complete their work?

10. Has there been any difficulty with friends or friendships? If so when did those start?

11. Have they been more tired lately even when they get plenty of sleep? If so when did that start?

12. Have they stopped eating in the way they used to? If so when did that start?

13. Have they been more withdrawn lately? If so how do you know?

- ☐ More time in their room
- ☐ More time on their phone
- ☐ More time sleeping
- ☐ Less time in common spaces
- ☐ Less time with friends
- ☐ Avoiding previously enjoyed activities or sports

Other:

14. Do you notice any physical symptoms?

- ☐ Headaches
- ☐ Body aches
- ☐ Stomach aches
- ☐ Nausea/Vomiting
- ☐ Fatigue
- ☐ Diarrhea

Other:

15. Has your child made statements about wanting to harm themselves?

16. Has your child expressed any thoughts of suicide?

17. Does your child use any substances?