

TEEN SCREEN

Name: _____

DO NOT COPY FOR MEDICAL RECORDS

DOB: _____

	not at all (0)	several days (1)	>1/2 of the days (2)	nearly every day (3)
In the past 2 weeks, how often have you had little interest or pleasure in doing things?				
In the past 2 weeks, how often have you felt down, depressed or hopeless				
	YES	Sometimes	NO	Want more info?
In general, are you happy with the way things are going for you?				
Do you get along with your family?				
Do you have at least one adult you can really talk to?				
Do you wear a seat belt in a car/truck?				
Do you wear a helmet when you skateboard, bike, motorcycle, snowmobile or ATV?				
Do you feel you are about the right weight for your height?				
Do you get some exercise at least 3 times a week?				
Do you ever use laxatives or throw up on purpose after eating?				
Do you go to school regularly?				
Have your grades gotten worse than they used to be?				
Do you smoke cigarettes (including E cigarettes) or chew tobacco?				
Do you, or anyone you live with, have a gun or carry a gun around?				
Are you, or have you been, in a gang?				
Are you worried about money, a place to live, or having enough food to eat?				
Have you ever had sex (with women, men or both)?				
Have you ever been tested for or diagnosed with a sexually transmitted disease?				
Are you, or do you ever wonder if you are gay, lesbian, bisexual or transgender?				
Have you ever had thoughts about killing yourself or made a plan to kill yourself?				
Have you ever felt sad or down for more than 2 weeks or felt you had nothing to live for?				
Were you ever forced to have sex you did not want?				
Has someone touched you in a way that made you feel uncomfortable?				
Have you ever done something violent because you were angry?				
<i>*Have you ever ridden in a CAR driven by someone else (or yourself) who was "high" or using drugs/alcohol?</i>				
Have you tried any drugs (pot, crack, cocaine, heroin, acid, speed, etc)?				
In the past 12 months, did you drink any alcohol (more than a few sips)?				
In the past 12 months, have you smoked any marijuana or hashish?				
In the past 12 months, have you used anything else to get high?				
IF YOU ANSWERED YES TO ANY OF THE LAST 3 QUESTIONS, PLEASE ANSWER THE FOLLOWING:				
	YES		NO	
<i>* Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?</i>				
<i>*Do you ever use alcohol or drugs while you are by yourself, or ALONE?</i>				
<i>*Do you FORGET things you did while using alcohol or drugs?</i>				
<i>*Do your FAMILY OR FRIENDS ever tell you that you should cut down on your drinking or drug use?</i>				
<i>*Have you ever gotten into TROUBLE while you were using alcohol or drugs?</i>				

Provider Signature: _____

Date: _____