

PRIMARY PEDIATRICS
59 CAVALIER BLVD, SUITE 330
FLORENCE, KY 41042
859-371-3232

PRE-TEEN SCREEN

We appreciate your honesty in answering these questions as we want to support your mental and emotional health in addition to your physical health. The answers to these questions will be held confidential. However, if at any time your provider feels that you are in danger to yourself or anyone else, we are required by law to seek additional care for you.

Over the past two weeks, how often have you been bothered by any of the following problems?

1. Little pleasure or interest in doing things:

Choose on: Not at all Several Days More than half of the days Everyday

2. Feel down, alone or hopeless

Choose on: Not at all Several Days More than half of the days Everyday

3. Have you ever had thoughts about hurting or killing yourself? YES NO

4. Is there anything else you want to discuss privately with your provider? YES NO

NAME: _____ DATE: _____