

PRIMARY PEDIATRICS PSC

NAME: _____ DATE: _____

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

1. Are you generally happy with how things are going for you lately? YES NO
2. Do you usually get along with your family? YES NO
3. Are you having problems at school? YES NO
4. Do you have at least one adult whom you can really talk with? YES NO
5. Do you feel that you are about the right weight for your height? YES NO
6. Do you skip meals, use laxatives or vomit to lose weight? YES NO
7. Do you smoke cigarettes, chew tobacco or vaping or JUULing? YES NO
8. Do you use drugs or alcohol to relax, feel better or fit in? YES NO
If yes, how much? _____
- Have you ever ridden in a car with someone who was using alcohol? YES NO
- Have you ever ridden in a car with someone who was using drugs? YES NO
- Do you forget things while using alcohol or drugs? YES NO
- Have you ever gotten into trouble while using drugs or alcohol? YES NO
9. Have you tried any prescription drugs or shared them? YES NO
If yes, which drugs? _____
10. Do you or anyone who lives with you carry a gun? YES NO
11. Are you currently or have been sexually active? YES NO
If yes, answer the following questions:
Have you had more than one partner? YES NO
Did you use a contraceptive? YES NO
Did you use a condom? YES NO
Do you wish to be tested for any sexually transmitted diseases? YES NO
12. Have you ever wondered if you are gay, lesbian or transgender? YES NO
13. Over the past two weeks, how often have you been bothered by any of these problems?
Little pleasure or interest in doing things:
Choose one: Not at all Several Days More than ½ of the days Every Day
Feel down, alone or hopeless
Choose one: Not at all Several Days More than ½ of the days Every Day
14. Have you ever had thoughts about hurting or killing yourself? YES NO
15. Is there anything else you want to discuss privately with your provider? YES NO