



TEEN SCREEN

	Yes	Sometimes	No
In general, are you happy with the way things are going for you?			
Do you get along with your family?			
Do you go to school regularly?			
Do you have at least one adult you can really talk to?			
Do you get some exercise at least 3 times a week?			
Do you feel you are about the right weight for your height?			
Do you wear a seatbelt in a car/truck?			
Do you wear a helmet when you skateboard, bicycle, motorcycle or ATV?			
Have your grades gotten worse than they used to be?			
Do you use laxatives or throw up on purpose after eating?			
Do you or anyone you live with have a gun or carry a gun around?			
Are you or have you ever been in a gang?			
Are you worried about money, a place to live, or having enough food to eat?			
Are you dating?			
Are you sexually active (with women, men or both)?			
Are you interested in being tested for sexually transmitted infections?			
Are you or do you ever wonder if you are gay, lesbian, bisexual or transgender?			

SBIRT

In the <i>PAST YEAR</i> , how many times have you used:	Never	Once or Twice	Monthly	Weekly
Tobacco				
Alcohol				
Marijuana				
Prescription drugs that were not prescribed to you (pain medications or Adderall)				
Illegal drugs (cocaine, ecstasy, meth)				
Inhalants (such as nitrous oxide)				
Heroin				

PHQ-2

Over the past two weeks, how often have you been bothered by any of these problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
				Yes No
Have you ever had thoughts of hurting yourself?				
Do you feel afraid in any of your relationships?				
Have you ever been physically or sexually abused or mistreated by anyone (kicked, hit, pushed, forced or tricked into having sex, touched on your private parts)?				

Patient Signature

Date

Printed Name

Practitioner Signature

Date

Time

Practitioner Printed Name

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