

Name _____ Date of birth ___/___/___ cell phone _____

Patient Health Questionnaire-2

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things

Not at all Several days More than half the days Nearly every day

Feeling down, depressed, or hopeless

Not at all Several days More than half the days Nearly every day

The CRAFFT Screen

During the past 12 months, did you:

NO YES

Drink any alcohol (more than a few sips)?

(Do not count sips of alcohol taken during family or religious events.)

Smoke any marijuana or hashish?

Use anything else to get high?

("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")

Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

Adolescent Questionnaire

Are your grades this year worse than last year?

Yes__ No__ Not Sure__

Are you getting failing grades in any subjects this year?

Yes__ No__ Not Sure__

Do you know at least one person who you can talk to about problems?

Yes__ No__ Not Sure__

Do you think that your parent or guardian usually listens to you and takes your feelings seriously?

Yes__ No__ Not Sure__

Have your parents talked with you about things like alcohol, drugs, and sex?

Yes__ No__ Not Sure__

Are you worried about problems at home or in your family?

Yes__ No__ Not Sure__

Is there a gun, rifle, or other firearm where you live?

Yes__ No__ Not Sure__

Have you ever been in a physical fight where you or someone else got hurt?

Yes__ No__ Not Sure__

Are you worried about violence or your safety?

Yes__ No__ Not Sure__

Are you dating someone or going steady?

Yes__ No__ Not Sure__

Have you ever been physically, emotionally, or sexually abused?

Yes__ No__ Not Sure__

Would you like to get counseling about something that is bothering you?

Yes__ No__ Not Sure__

What two words best describe you?

What would you like to be when you grow up?