

Name: Date of Birth: Age:

Date Completed: Completed independently?

During the past 2 weeks, how often has each statement been true for you?

Choose one answer for every statement. There are no right or wrong answers.

How often has this been true for you?	0 Never	1 Rarely	2 Sometimes	3 Often	4 Almost every day
I have felt sad or down.	☐	☐	☐	☐	☐
I have lost interest in things I usually enjoy.	☐	☐	☐	☐	☐
I have felt nervous, anxious, or worried.	☐	☐	☐	☐	☐
I could not stop worrying.	☐	☐	☐	☐	☐
I became angry or irritated easily.	☐	☐	☐	☐	☐
I had trouble paying attention in school or while doing homework.	☐	☐	☐	☐	☐
I had trouble falling asleep or staying asleep.	☐	☐	☐	☐	☐
I felt tired or had very little energy.	☐	☐	☐	☐	☐
I had stomachaches, headaches, or unexplained body aches.	☐	☐	☐	☐	☐
My thoughts kept repeating, or I felt I had to check things over and over.	☐	☐	☐	☐	☐
I felt unusually energetic, needed less sleep, or acted impulsively.	☐	☐	☐	☐	☐
I heard or saw things that other people did not.	☐	☐	☐	☐	☐

Please answer honestly. Your responses help your clinician understand what may need more attention. If a question feels difficult, you may ask a trusted adult or your clinician for help.

PLEASE ANSWER YES OR NO

Have you used alcohol, vaping products, marijuana, or other drugs?



Yes



No

Have you taken medication that was not prescribed for you?



Yes



No

Have you had thoughts about hurting yourself or ending your life?



Yes



No

Have you ever tried to hurt yourself or attempted suicide?



Yes



No

If you are in immediate danger or feel unable to stay safe, tell a trusted adult now, call 911, or go to the nearest emergency department. In the United States, call or text 988 for the Suicide & Crisis Lifeline.

RIGHT NOW, WHAT ARE YOUR BIGGEST CONCERNS?

Check all that apply.

☐ Anxiety☐ Depression☐ ADHD / attention☐ Mood swings☐ Anger / irritability☐ OCD / worries☐ Sleep☐ School stress☐ Friendships☐ Family☐ Bullying☐ Other

Other concern:

WHAT WOULD YOU LIKE HELP WITH?

You may write as much or as little as you want.