

THE COLUMBIA UNIVERSITY TEENSCREEN PROGRAM

1. TODAY'S DATE _____ / _____ / _____

2. AGE
- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 11 | <input type="radio"/> 12 | <input type="radio"/> 13 |
| <input type="radio"/> 14 | <input type="radio"/> 15 | <input type="radio"/> 16 |
| <input type="radio"/> 17 | <input type="radio"/> 18 | <input type="radio"/> 19 |
| <input type="radio"/> 20 | <input type="radio"/> 21 | |

3. YOUR SEX Male Female

4. ARE YOU LATING/AT Yes No

5. CHOOSE THE CATEGORY THAT
BEST DESCRIBES YOUR RACE

CHECK ONE

- White/Caucasian
- Black/African American
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Asian
- Mixed - more than one race
- Other

6. YOUR GRADE

- | | | |
|----------------------------|----------------------------|-------------------------------------|
| <input type="radio"/> 5th | <input type="radio"/> 6th | <input type="radio"/> 7th |
| <input type="radio"/> 8th | <input type="radio"/> 9th | <input type="radio"/> 10th |
| <input type="radio"/> 11th | <input type="radio"/> 12th | <input type="radio"/> Not in School |

INSTRUCTIONS

Please check *Yes* or *No* for the following questions. Then, follow the arrow by your answer to go to the next question.

1 During the past 3 months,
have you had trouble seeing
(even with glasses)?

YES ▶
 NO
▼

1a Have you seen a doctor about this?

YES
 NO

2 During the past 3 months,
have you had trouble hearing?

YES ▶
 NO
▼

2a Have you seen a doctor about this?

YES
 NO

3 During the past 3 months,
have you had trouble with
your teeth or gums?

YES ▶
 NO
▼

3a Have you seen a dentist about this?

YES
 NO

GO ON
TO THE NEXT PAGE 

INSTRUCTIONS

Please answer the following questions using the rating scale provided. Check the circle that best describes your answer. Then, follow the arrow next to your answer to go to the next question.

4 During the past 3 months, how much of a problem have you had with feeling nervous or afraid?

1	NO PROBLEM	<input type="radio"/>
2	SLIGHT PROBLEM	<input type="radio"/>
3	MEDIUM PROBLEM	<input type="radio"/>
4	BAD PROBLEM	<input type="radio"/>
5	VERY BAD PROBLEM	<input type="radio"/>

▶ GO ON TO THE NEXT PAGE

Please answer questions 4a through 4c.

4a Are you so concerned about this that you think you should get help?

YES

NO

4b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

YES

NO

4c Do you have an appointment scheduled to see a professional about this?

YES

NO

GO ON
TO THE NEXT PAGE

5 During the past 3 months, how much of a problem have you had with doing less with other people and withdrawing more and more into yourself?

1	NO PROBLEM	<input type="radio"/>
2	SLIGHT PROBLEM	<input type="radio"/>
3	MEDIUM PROBLEM	<input type="radio"/>
4	BAD PROBLEM	<input type="radio"/>
5	VERY BAD PROBLEM	<input type="radio"/>

▶ GO ON TO THE NEXT PAGE

Please answer questions 5a through 5c.

5a Are you so concerned about this that you think you should get help?

- YES
 NO

5b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

- YES
 NO

5c Do you have an appointment scheduled to see a professional about this?

- YES
 NO

GO ON
▶ TO THE NEXT PAGE

6 During the past 3 months, how much of a problem have you had with feeling unhappy or sad?

1	NO PROBLEM	<input type="radio"/>
2	SLIGHT PROBLEM	<input type="radio"/>
3	MEDIUM PROBLEM	<input type="radio"/>
4	BAD PROBLEM	<input type="radio"/>
5	VERY BAD PROBLEM	<input type="radio"/>

▶ GO ON TO THE NEXT PAGE

Please answer questions 6a through 6c.

6a Are you so concerned about this that you think you should get help?

- YES
 NO

6b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

- YES
 NO

6c Do you have an appointment scheduled to see a professional about this?

- YES
 NO

GO ON
▶ TO THE NEXT PAGE

7 During the past 3 months, how much of a problem have you had with losing your temper, being in a bad mood, or having little things make you mad or upset?

1	NO PROBLEM	<input type="radio"/>
2	SLIGHT PROBLEM	<input type="radio"/>
3	MEDIUM PROBLEM	<input type="radio"/>
4	BAD PROBLEM	<input type="radio"/>
5	VERY BAD PROBLEM	<input type="radio"/>

▶ GO ON TO THE NEXT PAGE

Please answer questions 7a through 7c.

7a Are you so concerned about this that you think you should get help?

- YES
 NO

7b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

- YES
 NO

7c Do you have an appointment scheduled to see a professional about this?

- YES
 NO

GO ON
TO THE NEXT PAGE ▶

8 During the past 3 months, how much of a problem have you had with drugs or alcohol or both?

- 1** NO PROBLEM
- 2** SLIGHT PROBLEM
- 3** MEDIUM PROBLEM
- 4** BAD PROBLEM
- 5** VERY BAD PROBLEM

▶ GO ON TO THE NEXT PAGE

Please answer questions 8a through 8c.

8a Are you so concerned about this that you think you should get help?

- YES
- NO

8b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

- YES
- NO

8c Do you have an appointment scheduled to see a professional about this?

- YES
- NO

▶ GO ON TO THE NEXT PAGE

9 During the past 3 months, how much of a problem have you had with getting along with your friends?

1	NO PROBLEM	<input type="radio"/>
2	SLIGHT PROBLEM	<input type="radio"/>
3	MEDIUM PROBLEM	<input type="radio"/>
4	BAD PROBLEM	<input type="radio"/>
5	VERY BAD PROBLEM	<input type="radio"/>

▶ GO ON TO THE NEXT PAGE

Please answer questions 9a through 9c.

9a Are you so concerned about this that you think you should get help?

- YES
 NO

9b Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this problem during the past 3 months?

- YES
 NO

9c Do you have an appointment scheduled to see a professional about this?

- YES
 NO

GO ON
TO THE NEXT PAGE 

INSTRUCTIONS

Please check *Yes* or *No* for the following questions. Then, follow the arrow next to your answer to go to the next question.

10 During the past 3 months, have you thought of killing yourself?

YES NO ► GO ON TO THE NEXT PAGE

Please answer questions 10a through 10g.

10a Are you still thinking of killing yourself?
 YES NO

10b Have you often thought of killing yourself?
 YES NO

10c Have you thought seriously about killing yourself?
 YES NO

10d Have you been thinking about killing yourself for a long time?
 YES NO

10e Are you so concerned about these thoughts that you think you should get help?
 YES NO

10f Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with these thoughts during the past 3 months?
 YES NO

10g Do you have an appointment scheduled to see a professional for help with these thoughts?
 YES NO

GO ON
TO THE NEXT PAGE ►

11 Have you ever tried to kill yourself?

YES NO ► GO ON TO THE NEXT PAGE

Please answer questions 11a through 11d.

11a Have you tried to do this in the last 3 months?
 YES NO

11b Are you so concerned about this that you think you should get help?
 YES NO

11c Have you seen a mental health professional like a counselor, social worker, psychologist, or psychiatrist for help with this during the past 3 months?
 YES NO

11d Do you have an appointment scheduled to see a professional for help with this?
 YES NO

GO ON
TO THE NEXT PAGE

INSTRUCTIONS

Thank you for completing the Columbia Health Screen. Please tell us what you thought of the screen by answering the following questions. Check the circle that best describes your answer.

12 Do you think this questionnaire is too long, too short, or just about right?

1 TOO LONG <input type="radio"/>	2 JUST RIGHT <input type="radio"/>	3 TOO SHORT <input type="radio"/>
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13 Do you think this questionnaire is interesting, boring, or neither one?

1 INTERESTING <input type="radio"/>	2 NEITHER <input type="radio"/>	3 BORING <input type="radio"/>
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14 Now that you finished this questionnaire, do you feel more comfortable, more upset, or about the same as you did before you started this questionnaire?

1 MORE COMFORTABLE <input type="radio"/>	2 ABOUT THE SAME <input type="radio"/>	3 MORE UPSET <input type="radio"/>
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STOP
YOU'RE DONE!



Section V: Clinical Interview & Referral

Date of Interview: ___/___/___

Reason For Clinical Interview:

- Positive CHS Screen
- Youth request
- Referred as a result of debriefing interview
- Other _____

Instructions for Clinician

- Assess depression and suicidality for every youth
- Follow-up screening results using Symptom Checklist(s) as guides to explore whether youth needs further evaluation and/or treatment

Depression: Ask about duration, persistence, and severity of symptoms

Low Mood:	Guilt / Worthlessness:
Irritability:	Hopelessness:
Lack of pleasure / Interest:	Fatigue / Loss of energy:
Sleep Disturbance:	Decreased concentration / Indecisiveness:
Appetite / Weight change:	Agitation / Retardation:

Suicidal Ideation

Thoughts of killing self:	Onset, frequency, recency:
Suicide plan / Methods associated with thoughts:	Strength of intent / Wish to die:
Precipitants/ Triggers of suicidal ideation:	Deterrents to suicidal actions:
Thoughts of death (e.g., Wish were dead, never wake up):	Onset, frequency, recency: