

## VILLAGE FAMILY PSYCHIATRY

## **BRIEF SCREENING FOR HEALTH EMOTIONAL CONCERNS**

<u>Instructions</u>: For each item, circle the number that best describes how much discomfort that problem has caused you during the last week, including today. If you child is here for evaluation, please ask them to help you complete this screening. The numbers to be chosen are from 0 to 4 with:

0 = not at all	1= a little bit	2 = moderately	3 = quite a bit	4 = extremely
1. How much are you distressed by problems at work/school?				0 1 2 3 4
2. How much are you distressed by getting household tasks or chores completed?				0 1 2 3 4
3. How much are you distressed by feeling blue/sad?				0 1 2 3 4
4 How much are you distressed by feeling moody/irritable?				0 1 2 3 4
5. How much have you felt confused or struggled with memory problems?				0 1 2 3 4
6. How much have you struggled with being able to focus or concentrate on tasks that you need to do?				0 1 2 3 4
7. How much have you felt lonely even when around other people?				0 1 2 3 4
8. How much have you been in conflict with members of your family?				0 1 2 3 4
9. How much have you tended to feel worthless?				0 1 2 3 4
10. How much do you feel negative about the future?				0 1 2 3 4
11. How much do you experience stomach distress, headaches or other physical pain?				0 1 2 3 4
12. How much do you worry that something is wrong with your body physically?				0 1 2 3 4
13. How much do you use alcohol/drugs to cope with feelings that are difficult to manage?				0 1 2 3 4
14. How much do you feel like your use of alcohol/drugs is a problem for you?				0 1 2 3 4