<table>
<thead>
<tr>
<th>1. TODAY'S DATE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. AGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>3. YOUR SEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>4. ARE YOU LATINO/AT?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. CHOOSE THE CATEGORY THAT BEST DESCRIBES YOUR RACE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHECK ONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American/Indian/Alaska Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed - more than one race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. YOUR GRADE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5th</td>
<td>6th</td>
<td>7th</td>
</tr>
<tr>
<td>8th</td>
<td>9th</td>
<td>10th</td>
</tr>
<tr>
<td>11th</td>
<td>12th</td>
<td>Not in School</td>
</tr>
</tbody>
</table>
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 ▶ 1a. Have you seen a doctor about this?
     - Yes ▶
     - No ▼
   - No ▼

2. **During the past 3 months, have you had trouble hearing?**
   - Yes ▶ 2a. Have you seen a doctor about this?
     - Yes ▶
     - No ▼
   - No ▼

3. **During the past 3 months, have you had trouble with your teeth or gums?**
   - Yes ▶ 3a. Have you seen a dentist about this?
     - Yes ▶
     - No ▼
   - 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
2 SLIGHT PROBLEM
3 MEDIUM PROBLEM
4 BAD PROBLEM
5 VERY BAD PROBLEM

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
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  
2. Slight problem  
3. Medium problem  
4. Bad problem  
5. Very bad problem

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

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 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
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
2. SLIGHT PROBLEM
3. MEDIUM PROBLEM
4. BAD PROBLEM
5. VERY BAD PROBLEM

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

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 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
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 2 JUST RIGHT 3 TOO SHORT

13 Do you think this questionnaire is interesting, boring, or neither one?

1 INTERESTING 2 NEITHER 3 BORING

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 2 ABOUT THE SAME 3 MORE UPSET

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

<table>
<thead>
<tr>
<th>Low Mood:</th>
<th>Guilt / Worthlessness:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
<td>Hopelessness:</td>
</tr>
<tr>
<td>Lack of pleasure / Interest:</td>
<td>Fatigue / Loss of energy:</td>
</tr>
<tr>
<td>Sleep Disturbance:</td>
<td>Decreased concentration / Indecisiveness:</td>
</tr>
<tr>
<td>Appetite / Weight change:</td>
<td>Agitation / Retardation:</td>
</tr>
</tbody>
</table>

**Suicidal Ideation**

Thoughts of killing self: Onset, frequency, recency:

Suicide plan / Methods associated with thoughts: Strength of intent / Wish to die:

Receivers / Triggers of suicidal ideation: Deterrents to suicidal actions:

Thoughts of death (e.g., Wish were dead, never wake up): Onset, frequency, recency:

27/04