

Mid-Ohio Pediatrics and Adolescents, Inc.

ANXIETY/DEPRESSION SCREENING

FOR AGES 10 YEARS AND UNDER

NAME _____ DATE _____

- | | | | |
|---|---|-----|----|
| • | Most days I worry about lots of things | YES | NO |
| • | I feel restless, keyed up or on edge | YES | NO |
| • | I have lost interest in the things in my life that used to be important to me | YES | NO |
| • | Most days I cannot stop worrying | YES | NO |
| • | I have difficulty making decisions | YES | NO |
| • | I do not feel good about myself | YES | NO |
| • | I want to go to sleep and never wake up | YES | NO |
| • | I feel trapped or caught in my life | YES | NO |
| • | I get tired easily | YES | NO |

What is the one thing in your life that makes you the most happy?

- | | | | |
|---|---|-----|----|
| • | I feel down even when good things happen to me | YES | NO |
| • | I feel tense and uptight | YES | NO |
| • | I feel sad and unhappy | YES | NO |
| • | I have trouble concentrating | YES | NO |
| • | My life feels out of control | YES | NO |
| • | My moods are more negative (crying, angry) than happy | YES | NO |
| • | Even the little things in life make me nervous | YES | NO |
| • | I have trouble falling asleep | YES | NO |
| • | I am easily annoyed or irritated | YES | NO |
| • | I feel hopeless about my future | YES | NO |
| • | I have no energy and feel as if I am in slow motion | YES | NO |
| • | I want to sleep all the time | YES | NO |
| • | I have a poor appetite | YES | NO |
| • | I am overeating | YES | NO |
| • | I am having nightmares | YES | NO |
| | If Yes, what about: _____ | | |
| • | When I look in the mirror, I feel frustrated | YES | NO |

(Please turn over and complete the other side)

- Do you feel **BAD** about yourself today?
Why _____
- Has anything new happened to you recently that has made you feel **GOOD** about yourself?
Please Explain _____

On a scale of 1 to 10 with "10" meaning you feel fantastic, and "1" meaning you feel hopeless, how are you feeling today? (circle) 1 2 3 4 5 6 7 8 9 10

- Who is the one person you confide in the most _____
- Please sign below
"I promise not to harm myself in any way until I talk with the person I confide in most or with a physician." Your Signature Here _____
- This space is open for you to discuss or inform Dr. Doherty of any concerns you have.

Screening is reviewed by MOP Physicians.