Clinical staff: Please ensure question responses are documented in a confidential note

13-17 Integrated Mental Health Screen (Annual)

KAISER PERMANENTE®

Patient Label

Once a year, we ask all our patients to answer questions about their health and well-being. **Your responses are confidential** and will be shared with your healthcare team only. Confidential health information related to mental health and substance use may be shared with a parent or guardian if you give permission or if your healthcare team becomes concerned about your immediate safety.

Teen contact number: _____ **Okay to leave message:** **Text:** Yes/ No **Voice message:** Yes/ No

For emergencies or safety concerns related to confidential health information, we may need to contact an adult if we cannot reach you: **Name of emergency adult contact**:_____
Adult phone number:_____ **Relationship to you (e.g., parent)**_____

Please CIRCLE the BEST response to each question:

Over the past 2 weeks, how often have you been bothered by any of the following problems:	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, irritable or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things like schoolwork, reading or watching TV	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

In the past year, how many times have you used:	**Never**	**Once or twice**	**Monthly**	**Weekly or more**
10. Nicotine/Tobacco (cigarettes, e-cigs, vapes, Juul)?	0	1	2	3
11. Alcohol?	0	1	2	3
12. Cannabis (THC containing products - smoked, vaped, edibles)	0	1	2	3
13. Other drugs and/or medications not as intended?	0	1	2	3