

New England Center for Mental Health  
Adolescent Mental Health Screen

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_

Please check the appropriate box if you have ever experienced any of the following symptoms. Please circle the question number of symptoms you have now.

	Never	Sometimes	Often	Frequently
1. As a child or adolescent, I had difficulty separating from my parents.	_____	_____	_____	_____
2. As a child or adolescent, I worried excessively about losing or harm occurring to a parent.	_____	_____	_____	_____
3. As a child or adolescent, I worried about being separated from a parent.	_____	_____	_____	_____
4. As a child or adolescent, I resisted going to school/work or other environment because of fear of separation.	_____	_____	_____	_____
5. As a child or adolescent, I resisted being alone or without parents.	_____	_____	_____	_____
6. As a child or adolescent, I had difficulty falling asleep without parent nearby.	_____	_____	_____	_____
7. As a child or adolescent I had physical complaints(headache, stomachache, nausea) when anticipating separation.	_____	_____	_____	_____
8. I have discrete periods of intense fear that peak within 10 minutes.	_____	_____	_____	_____
9. I had excessive unreasonable fear of a specific object or situation.	_____	_____	_____	_____
10. I have had a panic attack when around something I fear.	_____	_____	_____	_____
11. I've had recurrent thoughts that cause marked distress (e.g. fear of germs).	_____	_____	_____	_____
12. I'm driven to perform repetitive behaviors (e.g. hand-washing, counting, and checking).	_____	_____	_____	_____
13. I've had recurrent distressing recollections of past difficult or painful events.	_____	_____	_____	_____
14. I'm uncomfortable in social situations.	_____	_____	_____	_____
15. I worry excessively about multiple things (e.g. school, work, family, health).	_____	_____	_____	_____
16. I've been irritable in the past few months.	_____	_____	_____	_____
17. I feel tension in my muscles.	_____	_____	_____	_____
18. I experience trouble sleeping.	_____	_____	_____	_____
19. In the past, I've gone to the bathroom at inappropriate times or places.	_____	_____	_____	_____
20. I make noises and am often unaware of them.	_____	_____	_____	_____
21. I make repetitive, sudden, non-rhythmic movements.	_____	_____	_____	_____
22. I have had problems with hyperactivity or paying attention in the classroom.	_____	_____	_____	_____
23. I fail to pay close attention to details or make careless mistakes.	_____	_____	_____	_____
24. I have difficulty sustaining attention during school, work or play.	_____	_____	_____	_____
25. I don't seem to listen when spoken to directly.	_____	_____	_____	_____
26. I don't follow through on instructions; fail to finish school work, work assignments, chores.	_____	_____	_____	_____
27. I have difficulty organizing tasks or activities.	_____	_____	_____	_____
28. I lose things necessary for a task/activity.	_____	_____	_____	_____
29. I am easily distracted by irrelevant stimuli.	_____	_____	_____	_____
30. I am forgetful in daily activities.	_____	_____	_____	_____
31. I tend to fidget or squirm in my seat.	_____	_____	_____	_____
32. I have difficulty remaining in my seat.	_____	_____	_____	_____
33. I feel restless or have a hard time keeping still.	_____	_____	_____	_____
34. I talk excessively.	_____	_____	_____	_____
35. I have problems sitting quietly during class or meeting without blurting out.	_____	_____	_____	_____
36. I find it difficult to wait my turn.	_____	_____	_____	_____

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	Never	Sometimes	Often	Frequently
37. I interrupt or intrude on others.	_____	_____	_____	_____
38. I have episodes of unusually elevated or irritable mood, lasting a period of a week or so.	_____	_____	_____	_____
39. During this episode, I feel a marked sense of self esteem e.g. on top of the world, can do almost anything.	_____	_____	_____	_____
40. During this episode, I am more talkative, talk fast or interrupt.	_____	_____	_____	_____
41. During this episode, I have thoughts that go very fast.	_____	_____	_____	_____
42. During this episode, I am easily distracted.	_____	_____	_____	_____
43. During this episode, I am excessively involved in things e.g. hyper-sexual, too religious, many projects.	_____	_____	_____	_____
44. During this episode, I engage in dangerous pleasurable activities e.g. gambling, shopping sprees, sex, driving fast, party too much.	_____	_____	_____	_____
45. I am in a depressed, irritable mood most of the day, nearly every day for at least 2 weeks.	_____	_____	_____	_____
46. I have a loss of interest in previously enjoyable activities/given up normal activities.	_____	_____	_____	_____
47. I experience a change in appetite, weight loss or gain when not dieting or trying to gain weight.	_____	_____	_____	_____
48. I have difficulty falling asleep, staying asleep or excessively sleeping during the day.	_____	_____	_____	_____
49. There has been a change in my energy level.	_____	_____	_____	_____
50. I have feelings of poor self esteem, inappropriate guilt, no hope for the future.	_____	_____	_____	_____
51. I have feelings of restlessness or slowed movements.	_____	_____	_____	_____
52. I have decrease concentration, absent minded, change in memory.	_____	_____	_____	_____
53. I have thoughts of dying or wanting to hurt myself.	_____	_____	_____	_____
54. I have used drugs or alcohol.	_____	_____	_____	_____
55. I currently smoke cigarettes, drink alcohol or use drugs (circle all that apply).	_____	_____	_____	_____
56. I have had problems at work, with my family or with the law because of my use of alcohol or drugs.	_____	_____	_____	_____
57. I have made unsuccessful efforts to stop using cigarettes, alcohol or drugs.	_____	_____	_____	_____
58. I excessively worry about gaining weight.	_____	_____	_____	_____
59. I have stopped having menstrual cycles (women only).	_____	_____	_____	_____
60. I think I am too fat even though others tell me I'm not overweight.	_____	_____	_____	_____
61. I engage in bingeing and purging (eats excessively then vomits or uses laxatives).	_____	_____	_____	_____
62. I've eaten an unusually large amount of food within a 2 hour period.	_____	_____	_____	_____
63. I feel out of control when I eat a lot.	_____	_____	_____	_____
64. After I eat a lot, I vomit; use laxatives or take diuretics (circle any that apply).	_____	_____	_____	_____
65. I bully or threaten others.	_____	_____	_____	_____
66. I have stolen.	_____	_____	_____	_____
67. I have run away overnight.	_____	_____	_____	_____
68. I have stayed out all night against my parents' wishes.	_____	_____	_____	_____
69. I have set fires.	_____	_____	_____	_____

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	Never	Sometimes	Often	Frequently
70. I have lied to obtain goods or avoid obligations.	_____	_____	_____	_____
71. I have deliberately destroyed property.	_____	_____	_____	_____
72. I have deliberately hurt animals.	_____	_____	_____	_____
73. I have forced someone to have sex.	_____	_____	_____	_____
74. I used a weapon in a fight.	_____	_____	_____	_____
75. I lose my temper.	_____	_____	_____	_____
76. I defy rules.	_____	_____	_____	_____
77. I deliberately annoy others.	_____	_____	_____	_____
78. I blame others for my mistakes.	_____	_____	_____	_____
79. I am easily annoyed by others.	_____	_____	_____	_____
80. I am spiteful or vindictive.	_____	_____	_____	_____
81. I have unusual thoughts that others can't understand or believe.	_____	_____	_____	_____
82. I hear voices speaking to me that others don't hear.	_____	_____	_____	_____
83. I feel people are watching me.	_____	_____	_____	_____
84. Sometimes I see things that aren't there.	_____	_____	_____	_____
85. I often feel abandoned.	_____	_____	_____	_____
86. I am unable to be alone.	_____	_____	_____	_____
87. I am often disappointed by relationships.	_____	_____	_____	_____
88. When I'm upset, I cut myself, pull out my hair or hit myself (circle any that apply).	_____	_____	_____	_____
89. I often find that people are not trustworthy.	_____	_____	_____	_____
90. I prefer to be alone.	_____	_____	_____	_____
91. I often take advantage of other people.	_____	_____	_____	_____
92. I prefer to be the center of attention.	_____	_____	_____	_____
93. I get frustrated because other people don't meet my standards.	_____	_____	_____	_____
94. I avoid meeting people or getting close to people.	_____	_____	_____	_____
95. I tend to lean on others in my life for emotional support and guidance.	_____	_____	_____	_____
96. I consider myself a perfectionist.	_____	_____	_____	_____