

Behavioral Health Screen - Adult

Welcome to the Behavioral Health Questionnaire. To keep you healthy, we are asking you to complete a computerized survey about your emotions and behaviors.

These questions should take about 5 to 10 minutes. The more honest you are, the better we can support you. When you're done, we may talk with you about your answers. Your answers will not be shared with anyone else without your permission, unless you report that someone who cares for you is harming you, or you might harm yourself or others.

Thanks for taking the time to do this. Please answer the questions below..

Instructions:

- PLEASE be as honest as you can.
- You can skip questions by clicking on "I cannot answer because..."

Without using your name, we would like to use your answers from this screening for research.

We want to combine your answers with those from other people to understand the challenges people face today, and are asking for your agreement for this.

We will remove your name from the data before using it for research.

You are free to say yes or no to letting us use your answers. Your participation is fully voluntary. Sharing this information should not result in any harm to you, but it may help us understand the emotional needs of other people. Saying yes or no to letting us use your answers for research will not affect your care here in any way.

YES - I AGREE to have my answers to this screen used for research purposes.

NO - I DO NOT agree to have my answers used for research purposes.

GENDER (Circle one) Female Male Transgender (Female to Male) Transgender (Male to Female)

DO YOU CONSIDER YOURSELF HISPANIC OR LATINO? (Circle one.)

- Yes
- No
- Unsure

HOW WOULD YOU DESCRIBE YOUR RACE? (Circle one.)

- White
- Black/African American
- American Indian/ Alaska Native
- Asian
- Native Hawaiian/ Other Pacific Islander
- More than one race: _____
- Not Sure

Medical

1. **During the past year**, how has your overall health been, compared to how it was in the year before that?

Worse than the year before The Same as the year before Better than the year before

2. **During the past year**, how often have health problems caused you to miss school, work, or other activities?

Never Sometimes Often

Work

3. Do you **currently** have a job? (if 'yes,' 'a' folds down)

YES NO

a. If yes, how many hours a week do you work? _____

4. Do you **currently** have a regular volunteer or extracurricular activity?

YES NO

Safety

5. Is there a gun in your home? (if 'yes' then 'a' folds down') (if 'no' then 'b' folds down')

YES NO

a. Select any/all of the following:

- i. Rifle
- ii. Handgun
- iii. Shotgun
- iv. BB gun
- v. Other _____

b. If you wanted to, could you obtain a gun within a day?

YES NO

During the past year:

6. other than on television, how often have you seen or heard violence in your home?

Never Sometimes Often

7. how often have you seen or heard violence in your neighborhood?

Never Sometimes Often

8. how often have you worn a seatbelt when you were riding in a car?

Never

Sometimes

Often

9. how often have you been in a car when you or the driver had been using alcohol, marijuana (i.e., weed, pot or blunts) or other drugs?

Never

Sometimes

Often

Substance Use

Have you ever, in your whole life, even once:

10. used tobacco (i.e., cigarettes, chewing tobacco, snuff, etc)? (If 'yes,' '10a' folds down)

YES

NO

11. used alcohol? (if yes, '11a' folds down)

YES

NO

12. used marijuana (i.e., weed, pot or blunts)? (if 'yes,' then '12a' folds down)

YES

NO

13. Have you ever used any other type of substance or medicine to get high or relax?

YES

NO

In the past thirty days, how many days have you:

10a. used tobacco? _____ (If a number greater than zero, 'i' folds down)

i. On average how many cigarettes do you smoke a day? _____

11a. used alcohol? _____

12a. used marijuana? _____

If Yes to any of 11-13, then 14-17 fold down. If no to all 11-13, skip to next section.

During the past year:

14. has using alcohol or drugs interfered with your responsibilities at school, work (absences, lateness, suspension) or home.

YES

NO

15. have you driven a car, or ridden a bicycle or a motorcycle while you were using or after you were using alcohol or drugs?

YES NO

16. have you been approached by the police or security because of your use of alcohol or drugs?

YES NO

17. have you kept using alcohol or drugs even though it has caused problems in your relationships?

YES NO

Nutrition and Eating

18. On average, how many hours per week have you exercised enough to sweat and breathe hard? _____

19. Are you preoccupied with gaining weight or losing weight?

Yes—I worry about losing weight

Yes—I worry about gaining weight

No—I don't think about my weight much

20. How often do you think that you are fat even though some people say that you are skinny?

Never Sometimes Often

21. How often do you try to control your weight by skipping meals?

Never Sometimes Often

22. How often do you try to control your weight by making yourself throw up?

Never Sometimes Often

23. How often do you have trouble stopping eating once you've started?

Never Sometimes Often

Anxiety

During the past 2 WEEKS:

24. how often have you felt restless, keyed-up, anxious, or on edge?

Never Sometimes Often

25. how often have you worried so much that it was hard for you to stop worrying?

Never

Sometimes

Often

26. how often have you had unpleasant thoughts or images coming into your mind that make you upset?

Never

Sometimes

Often

27. have you ever felt really afraid for no obvious reason?

Never

Sometimes

Often

During the past year:

28. how often have there been things that you must do over and over again, or have them exactly right in order to relax? (such as turning off lights, locking doors, washing your hands, counting things , not stepping on cracks in the side walk , or anything similar to these examples.)

Never

Sometimes

Often

29. how often did your heart pound, or did you ever have trouble breathing even when you were not exercising?

Never

Sometimes

Often

If 'Sometimes' or 'Often' to ANY of 24-29, then 'a' folds down.

a. how often have these feelings gotten in the way of how you are doing at home, school, work, or with your relationships?

Never

Sometimes

Often

Depression

30. **DURING THE PAST YEAR**, how often have you felt down, unhappy, sad, or depressed most of the day for several days at a time?

Never

Sometimes

Often

31. **Over the past 2 WEEKS**, how often have you felt down, unhappy, sad, or depressed most of the day for several days at a time?

Never

Sometimes

Often

32. **DURING THE PAST YEAR**, how much have you lost interest in things you used to enjoy?

Not at all

Somewhat

A lot

33. Over the past 2 WEEKS, how much have you lost interest in things you used to enjoy?

Not at all

Somewhat

A lot

If 'Never/Not at All' to ALL 30-33, then skip to next module. If 'Sometimes/Somewhat' or 'Often/A lot' on ANY 30-33, then 'a-h' fold down.

Over the past 2 WEEKS:

a. how often have you been eating a lot more or less than you usually do?

Not at all

Somewhat

A lot

b. how often have you either had trouble sleeping or slept all the time?

Never

Sometimes

Often

c. how often have you been very grouchy, irritable or angry for no reason at all?

Never

Sometimes

Often

d. how often have you had too little energy to do what you wanted to do?

Never

Sometimes

Often

e. how often have you had trouble making decisions?

Never

Sometimes

Often

f. how often have you felt lonely even when you were around friends or family?

Never

Sometimes

Often

g. how often have you felt that you were worthless or a failure as a person?

Never

Sometimes

Often

h. how often have feelings of sadness gotten in the way of how you are doing at home, school, work, or with your relationships?

Never

Sometimes

Often

Suicide

34. Have you ever felt that life is not worth living?

YES

NO

35. Have you ever thought about killing yourself?

YES NO

36. Did you ever make a plan to kill yourself?

YES NO

37. Have you ever tried to kill yourself?

YES NO

If YES to any 34-37, 34a – 37a fold down.

38. Have you ever physically hurt yourself even though you had no plan to kill yourself (for example, cutting)? (if 'yes,' 38a' folds down)

YES NO

In the past week, including today:

34a. have you felt that life is not worth living?

YES NO

35a. have you thought about killing yourself?

YES NO

36a. did you have a plan to kill yourself?

YES NO

37a. have you tried to kill yourself?

YES NO

38a. have you physically hurt yourself even though you had no plan to kill yourself (for example, cutting)?

YES NO

Psychosis

39. During the past year, how often have seen things or hear sounds or voices that other people could not see or hear?

Never Sometimes Often

40. During the past year, how often did you feel that you were not in control of your own ideas or thoughts or that your mind was playing tricks on you?

Never

Sometimes

Often

Trauma

41. During the past year, have you had a physical fight with someone? (If yes, 41a, b, c, d, e fold down)

YES

NO

a. How Recent was this fight?

- i. Less than 2 weeks ago
- ii. 2 to 4 weeks ago
- iii. More than 4 weeks ago

b. Is this why you are here today?

YES

NO

c. Do you think that the conflict with these people or this person is over?

YES

NO

d. Do you think that any of your friends or family members will hurt anyone because of what happened?

YES

NO

e. Some people report incidents like this to the police. Did you report this to the police? (if 'no,' 'f' folds down)

YES

NO

f. Do you want to report this incident to the police?

YES

NO

42. During the past year, have you been physically or sexually hurt by a romantic partner?

YES

NO

43. Has anyone ever forced you to do something sexual? (if 'yes,' 'a' folds down)

YES

NO

a. If yes, has this happened in the past year?

YES NO

44. Have you ever been physically or sexually hurt by someone who lives in or frequently stays in your home? (if 'yes,' 'a' folds down)

YES NO

b. If yes, has this happened in the past year?

YES NO

In your life have you had any other experience that was so frightening, horrible, or upsetting that in the PAST 2 WEEKS:

45. you have had nightmares or have thought about it when you did not want to?

YES NO

46. you tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

YES NO

47. you were constantly on guard, watchful or easily startled?

YES NO

48. you felt numb or detached from others, activities or your surroundings?

YES NO

Satisfaction

We would like to know about how you felt answering these questions.

49. How comfortable would you feel discussing your answers with your medical provider?

Very Uncomfortable Uncomfortable Neutral Comfortable Very Comfortable

50. Do you think it is a good idea for medical providers to ask these kinds of questions?

YES NO

51. Are you currently seeing a doctor, counselor, or therapist for a problem with how you have been feeling, thinking or behaving?

YES NO

52. If you have come here today with someone is it ok for them to be in the room when we go over your answers with you?

YES

NO