



CHILD & YOUTH MENTAL HEALTH GENERAL SCREENING QUESTIONNAIRE

Completed by Caregiver

This information will assist your family practice team in providing the best possible care for you and your family. Your answers will be kept strictly confidential as part of your child's, teen's and/or your medical record. Completing the questionnaire is voluntary and will not affect the health care you receive from your family practice team.

If you have questions or want help filling this out, please ask a member of your family practice team.

Name of Family Doctor: _____ Date: _____ Child's Name: _____

Name of person completing this form: _____

Who currently lives in the family home? (List name(s) and relationship(s), e.g., mother, brother, etc.)

Is he/she currently attending school? Yes / No Name of School: _____ Grade _____

1. What is your main concern?

2. How long has this been a problem? (circle one)

Less than 3 months

3 to 6 months

6 to 12 months

1 to 2yrs

3. Please circle any of the following that apply to you or your family:

- Financial stressors
- Alcohol or drug use (parent)
- Separation/Divorce
- Death of loved one
- Alcohol or drug use (child/teen)
- Custody/Access dispute
- Family violence
- Moved homes
- Major physical illness (parent)
- History of abuse (parent)
- Major physical illness (child)
- History of abuse (child)

4. What steps have you taken to deal with the problem at home, school, etc.?

5. Have you received help in the past or currently for this problem? (please check all that apply)

Family Doctor Contact Hamilton CAS/CCAS School Support

Parenting Group Other (Explain) _____

Did you find it helpful? Yes/No (Explain) _____

6. Do you have any specific questions you would like answered?

7. Is there anything else that would be helpful to share?

Child's Name:	Male ___ Female ___	Age:
Date of Birth: Day___ Month___ Year___	Today's date: Day___ Month___ Year___	
Your Name:	Relationship to child:	

Below are examples of problems which children sometimes have. Please circle whether each is NEVER true, SOMETIMES true, or OFTEN true of this child.

1.	never	some-times	often
distractible, has trouble sticking to an activity	0	1	2
fails to finish things he/she starts	0	1	2
difficulty following directions or instructions	0	1	2
impulsive, acts without stopping to think	0	1	2
jumps from one activity to another	0	1	2
fidgets	0	1	2
Total	1.		
2.	never	some-times	often
cranky	0	1	2
defiant, talks back to adults	0	1	2
blames others for his/her own mistakes	0	1	2
easily annoyed by others	0	1	2
argues a lot with adults	0	1	2
angry and resentful	0	1	2
Total	2.		
3.	never	some-times	often
steals things at home	0	1	2
destroys things belonging to others	0	1	2
engages in vandalism	0	1	2
broken into a house, building or car	0	1	2
physically attacks people	0	1	2
uses weapons when fighting	0	1	2
Total	3.		

4.	never	some-times	often
worries about being separated from loved ones	0	1	2
worries bad things will happen to loved ones	0	1	2
scared to sleep without parents nearby	0	1	2
overly upset when leaving loved ones	0	1	2
overly upset while away from loved ones	0	1	2
complains of feeling sick before separating	0	1	2
Total	4.		
5.	never	some-times	often
worries about doing better at things	0	1	2
worries about past behaviour	0	1	2
worries about doing the wrong thing	0	1	2
worries about things in the future	0	1	2
afraid of making mistakes	0	1	2
overly anxious to please people	0	1	2
Total	5.		
6.	never	some-times	often
no interest in usual activities	0	1	2
gets no pleasure from usual activities	0	1	2
trouble enjoying him/her self	0	1	2
not as happy as other children	0	1	2
feels hopeless	0	1	2
seems unhappy, sad, or depressed	0	1	2
Total	6.		

CHILD & YOUTH MENTAL HEALTH GENERAL SCREENING QUESTIONNAIRE RECOMMENDATIONS

Instructions for using the information from the Questionnaire:

1. Review page 1 information provided by the parent/caregiver.
2. Score series of questions on page 2.
3. Add scores in each section.

SECTION 1:

The questions in this section relate to regulation of attention, impulsivity and activity. A score above 7 is considered elevated relative to normed values for 6- to 18-year-olds. For screening tools and additional information about **ADHD**, see the [ADHD toolkit](#).

SECTION 2:

The questions in this section relate to oppositional/co-operative behaviour in relationships. A score above 7 is considered elevated relative to normed values for 6- to 18-year-olds. For screening tools and additional information about **Oppositional Defiant Disorder (ODD)**, see the [Behaviour Problems toolkit](#).

SECTION 3:

The questions in this section relate to conduct problems. A score above 0 is considered elevated relative to normed values for 6- to 18-year-olds. For screening tools and additional information about **Conduct Disorder (CD)**, see the [Behaviour Problems toolkit](#).

SECTION 4:

The questions in this section relate to separation anxiety. A score above 6 is considered elevated relative to normed values for 6- to 18-year-olds. For screening tools and additional information about **separation anxiety**, see the [Anxiety Disorders toolkit](#).

SECTION 5:

The questions in this section relate to managing anxiety. A score above 6 is considered elevated relative to normed values for 6- to 18-year-olds. For screening tools and additional information about **Generalized Anxiety Disorder**, see the [Anxiety Disorders toolkit](#).

SECTION 6:

The questions in this section relate to managing mood. A score above 5 is considered elevated relative to normed values for 6- to 18-year-olds. For screening tools and additional information about **mood disorders**, see the [Mood Disorders toolkit](#).

The C&Y Mental Health General Screening Questionnaire is not a diagnostic tool. Although it supports the identification of common mental health problems, it may miss some or over-estimate others. The Questionnaire facilitates the communication of clinical information when consulting with, or referring to, a mental health specialist. It should be interpreted by a qualified mental health provider or physician with training in psychometric interpretation.