



CHILD & YOUTH MENTAL HEALTH GENERAL SCREENING QUESTIONNAIRE

Completed by Youth Aged 12 or Over

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 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: _____

Your Name: _____

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

Are you currently attending school? Yes/No Name of School: _____ Grade _____

1. What are your reasons for talking with a counsellor? (Check off all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> School problems | <input type="checkbox"/> Friendships | <input type="checkbox"/> Family |
| <input type="checkbox"/> Bullying or teasing | <input type="checkbox"/> Feeling down or sad | <input type="checkbox"/> Feeling worried or stressed |
| <input type="checkbox"/> Temper | <input type="checkbox"/> Alcohol, drugs or gambling | <input type="checkbox"/> Sleeping problems |
| <input type="checkbox"/> Eating or body image | <input type="checkbox"/> Other (please explain) _____ | |

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

Less than 3 months 3 to 6 months 6 to 12 months 1 to 2 yrs

3. Because your privacy is important to us, do you have a cell phone or alternative number you would like us to call?

Yes/No Number to call: _____

Would you prefer we contact you on your cell phone # _____ or by e-mail
_____?

4. Can we leave a message at your home number? Yes/No

Your Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age:
Date of Birth: day month year	Today's date: day month year		

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

1.	never	some-times	often
easily distracted, have trouble sticking to activities	0	1	2
fail to finish things you start	0	1	2
have difficulty following directions or instructions	0	1	2
impulsive, act without stopping to think	0	1	2
jump from one activity to another	0	1	2
fidget	0	1	2
Total	1.		
2.	never	some-times	often
cranky	0	1	2
defiant, talk back to adults	0	1	2
blame others for your own mistakes	0	1	2
easily annoyed by others	0	1	2
argue a lot with adults	0	1	2
angry and resentful	0	1	2
Total	2.		
3.	never	some-times	often
steal things at home	0	1	2
destroy things belonging to others	0	1	2
damage school or other property	0	1	2
broken into someone else's house, building or car	0	1	2
physically attack people	0	1	2
use weapons when fighting	0	1	2
Total	3.		

4.	never	some-times	often
worry something bad will happen to people you are close to	0	1	2
worry about being separated from those you are close to	0	1	2
scared to go to sleep without parents nearby	0	1	2
overly upset when leaving someone you are close to	0	1	2
overly upset while away from someone you are close to	0	1	2
feel sick before being separated from those you are close to	0	1	2
Total	4.		
5.	never	some-times	often
worry about doing better at things	0	1	2
worry about past behaviour	0	1	2
worry about doing the wrong thing	0	1	2
worry 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 your usual activities	0	1	2
get no pleasure from your usual activities	0	1	2
trouble enjoying yourself	0	1	2
not as happy as other children	0	1	2
feel hopeless	0	1	2
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 patient.
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.