6th-12th Grade Mental Health Screening Program

1. PHQ-4 (PHQ-2 and GAD-2)

PHQ-2

	Not at all	Several days	More than half the days	Nearly every day
1. **Over the last 2 weeks,** how often have you had little interest or pleasure in doing things?	0	1	2	3
2. **Over the last 2 weeks,** how often have you felt down, depressed, or hopeless?	0	1	2	3
If they reach a positive threshold, the remaining screening questions will be asked (full PHQ-9).				
3. **Over the last 2 weeks,** how often have you had trouble falling or staying asleep, or sleeping too much?	0	1	2	3
4. **Over the last 2 weeks,** how often have you felt tired or had little energy?	0	1	2	3
5. **Over the last 2 weeks,** how often have you had poor appetite or overeating?	0	1	2	3
6. **Over the last 2 weeks,** how often have you felt bad about yourself, or that you are a failure or have let yourself or your family down?	0	1	2	3
7. **Over the last 2 weeks,** how often have you had trouble concentrating on things, such as reading the newspaper or watching television?	0	1	2	3
8. **Over the last 2 weeks,** how often have you moved or spoke 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. **Over the last 2 weeks,** how often have you had thoughts that you would be better off dead or hurting yourself in some way?	0	1	2	3

GAD-2

	Not at all	Several days	More than half the days	Nearly every day
1. **Over the last 2 weeks,** how often have you felt nervous, anxious, or on edge?	0	1	2	3
2. **Over the last 2 weeks,** how often have you not been able to stop or control worrying?	0	1	2	3
If they reach a positive threshold the remaining screening questions will be asked (full GAD-7).				
3. **Over the last 2 weeks,** how often have you worried too much about different things?	0	1	2	3
4. **Over the last 2 weeks,** how often have you had trouble relaxing?	0	1	2	3
5. **Over the last 2 weeks,** how often have you been so restless that it is hard to sit still?	0	1	2	3
6. **Over the last 2 weeks,** how often have you become easily annoyed or irritable?	0	1	2	3
7. **Over the last 2 weeks,** how often have you felt afraid, as if something awful might happen?	0	1	2	3

2. C-SSRS

	Circle one	
1. **In the past month**, have you wished you were dead or wished you could go to sleep and not wake up?	No	Yes
2. **In the past month**, have you actually had any thoughts about killing yourself?	No	Yes
If **YES** to 2, answer all of the remaining questions If **NO** to 2, go directly to question 6 and 7		
3. **In the past month**, have you thought about how you might do this?	No	Yes
4. **In the past month**, have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	No	Yes
5. **In the past month**, have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	No	Yes
6. **In your lifetime**, have you done anything, started to do anything, or prepared to do anything to end your life? **Examples:** Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.	No	Yes
7. **In the past 3 months**, have you done anything, started to do anything, or prepared to do anything to end your life? **Examples:** Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.	No	Yes

3. S2BI

In the past year how many times have you used:	Never	Once or twice	Monthly	Weekly or more
1. Nicotine/Tobacco (including cigarettes, electronic cigarettes, or vapes)	0	1	2	3
2. Alcohol?	0	1	2	3
3. Marijuana (such as smoking, vaping, edibles)?	0	1	2	3
4. Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?	0	1	2	3
5. Illegal drugs (such as cocaine, Ecstasy or Molly)?	0	1	2	3
6. Inhalants (such as nitrous oxide)?	0	1	2	3
7. Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?	0	1	2	3

4. SDOH (Selected items from RAAPS-PH and Maven)

	Circle one	
1. **In the past 12 months**, did you often miss school because you had to take care of someone, work, or had other problems getting to school?	No	Yes
2. **In the past 6 months**, have you ever had to stay overnight in a shelter, motel, car, or some other place because you didn't have a home to stay in?	No	Yes
3. **In the past 6 months**, in the place that you lived did you always have access to water at the sinks and bathtubs?	No	Yes
4. **In the past 6 months**, not including power outages due to weather, in the place that you lived did you always have electricity?	No	Yes
5. **In the past 12 months**, did you ever feel hungry because there wasn't enough food to eat at home?	No	Yes
6. In your **everyday life** have you felt **stressed** because someone has treated you differently based on your race, ethnicity, gender identity, or sexual orientation?	No	Yes
7. Do you feel physically and emotionally safe?	No	Yes

Trauma Check-in

	Circle one	
1. It can be difficult sometimes when answering questions about tough topics. We want to understand how you are feeling now. Did completing the survey cause you to feel ANY of the following? • Worried, mind racing, or on edge • Sad • Faster heartbeat, change in breathing, muscle tension, headache, or really tired • Unsafe or afraid *Select Yes if any of the above are true	No	Yes