

TEEN SCREENS TO BE ANSWERED BY THE TEEN PATIENT
(THESE SURVEYS ARE ALL CONFIDENTIAL)

NAME: _____

Date: ____/____/____

GAD7:

Over the last 2 weeks, how often have you been bothered by the following problems? *(Circle your answer) 0=Not at all. 1=Several days. 2=More than half the days. 3=Nearly every day.*

- 1. Feeling nervous, anxious or on edge:.....0 1 2 3
- 2. Not being able to stop or control worrying: 0 1 2 3
- 3. Worrying too much about different things: 0 1 2 3
- 4. Trouble relaxing:.....0 1 2 3
- 5. Being so restless that it is hard to sit still:... 0 1 2 3
- 6. Becoming easily annoyed or irritable:0 1 2 3
- 7. Feeling afraid as if something awful might happen: 0 1 2 3

Anxiety makes your day:

Not difficult Somewhat difficult
Very difficult Extremely difficult

Substance Use:

- Have you ever smoked a cigarette? No Yes
- Have you ever vaped? No Yes
- Do you sometimes drink beer, wine, etc.? No Yes
- If yes how many drinks do you drinks do you have? _____
- If yes, how many days do you drink per week? _____
- Have you ever used marijuana?..... No Yes
- If so, how often? _____
- If so, in what manner? _____
- How many times in the past year have you used an illegal drug or used a prescription medication that was not yours? _____

PHQ9:

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Circle your answer) 0=Not at all. 1=Several days. 2=More than half the days. 3=Nearly every day.*

- 1. Little interest or pleasure in doing things: 0 1 2 3
- 2. Feeling down, depressed, or hopeless:..... 0 1 2 3
- 3. Trouble falling or staying asleep, or sleeping too much:0 1 2 3
- 4. Feeling tired or having little energy:.....0 1 2 3
- 5. Poor appetite or overeating:..... 0 1 2 3
- 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down:..... 0 1 2 3
- 7. Trouble concentrating on things, such as reading the newspaper or watching television:..... 0 1 2 3
- 8. Moving or speaking 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. Thoughts that you would be better off dead or of hurting yourself in some way:..... 0 1 2 3

How difficult have any of these problems above made it for you to do your work, take care of things at home, or get along with other people?

Not difficult Somewhat difficult
Very difficult Extremely difficult

Please bring with you to the doctor visit. Thanks!

ANSWER THESE QUESTIONS ON THIS RIGHT PANEL ONLY WITH YOUR ANNUAL PHYSICAL



Heart Screening:

1. Have you ever had COVID disease? No Yes
 If so, approximately when? _____

In the past five years:

2. Have you ever fainted, passed out, or had an unexplained seizure suddenly and without warning, especially during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, and ringing telephones?.....No Yes

2. Have you ever had exercise-related chest pain or shortness of breath that persisted? No Yes

3. Has anyone in your immediate family (parents, grandparents, siblings) or other, more distant relatives (aunts, uncles, cousins) died of heart problems or had an unexpected sudden death before age 50? This would include unexpected drownings, unexplained auto crashes in which the relative was driving, or SIDS. No Yes

4. Are you related to anyone with HCM or hypertrophic obstructive cardiomyopathy, Marfan syndrome, ACM, LQTS, short QT syndrome, BrS, or CPVT or anyone younger than 50 years with a pacemaker or implantable defibrillator? *(if you've never heard of these things, answer 'No')* No Yes

Comments or questions you want to discuss: