

# How Are You Doing?

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN<sup>SM</sup>  
Ohio Chapter



CHILD FORM 11-13 year-old

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**What would you like to talk about during today's visit?**

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To get ready for today's visit, we would like you to answer a few questions.

	Yes	No
Do you have any friends who drank beer, wine or any drink containing alcohol in the <b>past year</b> ?		
How about you- in the <b>past year</b> , on how many days have you had more than a few sips of beer, wine, or any drink containing alcohol?	<b>Number of days:</b>	
During the <b>past month</b> , have you often been bothered by feeling down, depressed, or hopeless?		
During the <b>past month</b> have you often been bothered by having little interest or fun in doing things?		

Please <b>check just one box</b> for each statement.	Almost Always	Some of the time	Hardly Ever
When something is bothering me, I can ask my family for help.			
I like the way my family talks over things and shares problems with me.			
I like how my family lets me try new things I want to do.			
I like what my family does when I feel mad, happy, or loving.			
I like how my family and I share time together.			

**Thank you for taking the time to fill it out. Please turn this in to the office staff when you are done.**