

Child & Adolescent Universal Screening Tool

Step 1: Ask primary screening questions (complete the circle for any positive response)

Screening Questions for Mental Health

- Have you ever been worried about how you are thinking, feeling, or acting?
- Has anyone ever expressed concerns about how you were thinking, feeling, or acting?
- Have you ever harmed yourself or thought about harming yourself?

Screening Questions for Substance Abuse

- Have you ever had any problem related to your use of alcohol or other drugs?
- Has a relative, friend, physician, counselor, or other person been concerned about your drinking or other drug use or suggested that you cut down or stop drinking/using?
- Have you ever said to another person, “No, I don’t have an alcohol or drug problem,” when you questioned yourself and felt, maybe I do have a problem?

Screening Questions for Trauma

- Have you ever been hit, kicked, choked, or received a more serious punishment from a caregiver, friend, or another person?
- Has anyone ever touched you in a sexual way or made you touch them when you did not want to?
- Have you had an experience that was so frightening, horrible, or upsetting that you have nightmares, unwanted upsetting thoughts or memories or have bodily reactions (felt numb or detached from others/surroundings, been constantly on guard/watchful or easily startled, fast heartbeat, stomach churning, sweatiness, dizziness, etc.) when you are reminded of the event?

Step 2: If any question is endorsed in one or more of the three areas or suspicion is high for any area, further assessment should be done.