

**Screening for Child and Adolescent Mental Health Issues**

**\*(For Children)**

**For Dept. of Pediatrics, ART Centre, Indira Gandhi Institute for Child Health (IGICH)**

**Developed by Community Child & Adolescent Mental Health Service Project,  
Dept of Child & Adolescent Psychiatry, NIMHANS**

**Name of Child:**

**Date:**

**Age:**

**Sex:**

Explain to Children: *'Hello, my name is.....I work here with the team in the hospital, to help children in whatever ways possible. You have been coming here for a while, to see the doctor and collect your medicines. Sometimes children have worries and confusions about things that happen at school or at home or even in the hospital; it is not always easy to talk about these problems. But if we do, then it might be easier to get some help with them. So, while you come here for medical treatment, we also want to share and understand if you have other worries and difficulties at home/ school and help you. I am going to read you a list of worries/ problems—if you have any of them, say 'yes', otherwise, say 'no'.*

<b>Issues</b>	<b>Yes</b>	<b>No</b>
1. You often feel worried or scared.		
2. You often feel like you don't want to go to school.		
3. You often get headache/ stomach ache/ body pains.		
4. You often feel sad and like you want to cry.		
5. You often like to be alone and don't feel like playing with other children.		
6. You often feel angry and like you want to shout or hit others.		
7. You often don't want to or refuse to take your medicines.		
8. You have questions and worries about coming to the hospital/ taking medications.		

Has anyone at home/ in the institution told you anything about your hospital visits and why you need to take medications? (Yes/ No)

**\*Referred for Counselling Services (Yes/ No):**