

Questions for young male patients July 2017

Adapted from The Health Provider Toolkit for Adolescent and Young Adult Males

Mental Health

ADHD

Do you have trouble concentrating or staying focused? If so, when do you notice this the most? (in school? When doing homework? When watching a movie?

Do you get distracted easily?

Do you have difficulty finishing tasks, like homework? Do you have trouble starting tasks 9do you procrastinate)?

Do you have trouble organizing (your time, your belongings, prioritizing things you have to do)?

Do you have trouble sitting still? Do you feel restless inside?

Do you have trouble waiting (in line, for your turn in a conversation)?

Are you forgetful (forget to take your homework to school, forget where you put things)? When you were in elementary school, did your teachers comment that you were disorganized or not doing your best?

Are there times or activities that you stay focused on for hours at a time? (i.e. video games)

Disordar

Psychotic Do you see or hear things that other people do not see or hear?

Do you ever feel that people are following you or trying to hurt you? Do you have special powers, abilities (e.g. ability to read others' minds), or status? When you hear the radio, watch TV, use a computer, or read, do you feel that there are messages intended just for you? Do you ever hear someone speaking to you even if there is no one around? Do you ever see fleeting shapes or shadows? Do you ever hear unusual noises or someone

Do you ever see fleeting shapes or shadows? Do you ever hear unusual noises or someon calling your name?

Do you worry that others may be following you or want to harm you?

Do you have any thoughts that you think are unusual or others would think are unusual?

Bipolar Disorder Do you ever feel the opposite of depressed—very cheerful, happy, productive? Does it last more than a week and impact your relationships, school work, and ability to function? Do you find that during these periods you do not need much sleep to feel rested? Do your thoughts race?

Do you sometimes feel too good or cheerful for a long time? During those times do you have trouble sleeping?

Do you ever have extreme mood swings? Like you feel very very happy or very very irritable, and other times when you feel extremely depressed, like it's hard to function?

Depressive Do you have any trouble sleeping (falling asleep, waking up in the night, waking up too early, Disorders sleeping too much, nightmares)?

How is your appetite (loss of appetite, overeating)?

Are you having any trouble concentrating?

How is your mood, in general? Are there times when you feel down, sad, angry, irritable? When you feel this way, do you know what is causing it? How long does it last? What do you do

Have you lost interest in things that you used to enjoy?

Do you feel like things will get better?

Do you have any thoughts of wanting to hurt yourself? (If so, have you ever done so? If so, when and how?) If positive response, probe with self-injury questions in Suicidal and Self-<u>Injurious Behaviors</u>below.

Have you ever thought that you didn't want to live anymore or wanted to end your life? If so, how recently have you felt that way? If suicidal ideation is present, probe with the suicidal ideation questions in the Suicidal and Self-Injurious Behaviors section below.

NOTE: Active suicidal thoughts, particularly with a plan, necessitate an emergency evaluation for possible hospitalization. If the thoughts are passive (no intent or plan, like "sometimes I wish I was dead.") this at least necessitates a safety plan incorporating involving others who can be of support, emergency numbers to call, and strategies to get the person through until help arrives. The provider may need to call an ambulance or fill out a commitment paper to get the person to an emergency department where they can be assessed for admission to a hospital.

Anxiety

Do you worry a lot? Is it hard for you to control? Does this worrying affect your relationships, Disorders school work, extracurricular involvements or ability to function?

> Do you ever have episode of intense fear for no apparent reason when you don't expect it? Do you feel tense or nervous to the point that it gets in the way of you doing things? Have you ever felt panicky or had a panic attack? (describe symptoms: heart pounding, shortness of breath, sweating, nausea, chest tightness, tingling in extremities, feeling of going crazy or fear that you are dying) If so, how often and in what circumstances? (panic disorder)

> Do you have anxiety in social situations? crowds? just in general? (social anxiety, agoraphobia, general anxiety disorder)

If you are feeling anxious, what do you do to help yourself feel better? Does it work? Is there anything you are really afraid of? i.e. Heights? Illness? germs? needles? (phobias)

Obsessive Do you have any habits that you do that are not necessary, but you do them anyway? If so, Compulsivewhat are they (handwashing? Counting? Checking)?

and Do you have thoughts that you don't want but they keep coming back? If so, what are they?

Do the thoughts or behaviors interfere with your daily life? Related

Disorders

Disruptive, Do you ever become so upset that you make or act upon threats to hurt other people, animals,

Impulseor property? Do you tend to get in a lot of physical fights? Do you find that you often resort to

Control threats and violence to solve problems?

If you do hurt someone, do you feel bad about it afterwards? and

Conduct Are you having any thoughts of wanting to hurt or kill anyone else? Disorders Have you ever been arrested? For what? Do you frequently have run-ins with law

enforcement?

Do you sometimes do things that you wish you had not done on an impulse? Are you frequently getting into conflicts with others or into trouble with authorities?

Do you ever feel out of control?

How quickly do you get very angry?

Do you have trouble controlling your anger?

Do you ever get in fights? hurt others? punch walls?

Do you ever get so angry that you black out?

Suicidal NOTE: Self-injurious and suicidal ideation screening may be a part of a screen for depressive

and Self- disorders, discussed in the <u>Depressive Disorder</u> section above. If a full depressive disorder screen

Injurious is not done, the following screen should be.

Behaviors Do you have any thoughts of wanting to hurt yourself? (If so, have you ever done so? If so,

when and how?) If positive response, probe with the following questions:

How have you injured yourself?

Do you know what triggers your self-injury?

Why do you hurt yourself?

How do you feel when you hurt yourself? Afterward?

Is your self-injury a suicide attempt?

Do you hurt yourself badly enough to need medical treatment?

Have you ever had counseling or been hospitalized for self-harm?

Have you ever thought that you didn't want to live anymore or wanted to end your life? If so, how recently have you felt that way? If suicidal ideation is present, probe with the questions

below:

When was the most recent time you had suicidal thoughts?

Do you know what caused them?

How often do they occur?

Have you ever made a suicide attempt? If so, what and when?

Have you ever been in therapy or hospitalized for suicidal thoughts or a suicide attempt?

Do you currently have suicidal thoughts?

If so, why are you feeling this way?

If so, have you thought of how you would kill yourself?

Do you have a particular time in mind?

Do you think you would actually kill yourself?

Do you have access to a gun or other means of killing yourself?

If you have suicidal feelings, would you tell anyone? If so, who?

Do you have others in your life who can help or support you?

How do you deal with the thoughts when you have them?

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Trauma Have you ever been abused, neglected, or in a situation where you were seriously injured or

and your life was in danger?

Stressor Do you think about it a lot? Do you experience thoughts, images, or dreams related to this

Related event? Do you avoid reminders of this event?

Disorders