

How Are You Doing?

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Ohio Chapter



CHILD FORM 9-10 year-old

Name: _____ Date: _____

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

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 past year ?		
How about you- have you ever had more than a few sips of beer, wine, or any drink containing alcohol?		
During the past month , have you often been bothered by feeling down, depressed, or hopeless?		
During the past month , have you often been bothered by having little interest or fun in doing things?		

Please check one box 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.