

## OK-COD Adolescent Screen

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last grade completed \_\_\_\_\_

Read as: During the past year have you:

1. Felt really sad, lonely, hopeless; stopped enjoying things, wanted to eat more or less, had problems sleeping, or doing what you need to at home or at school?  Yes  No
2. Heard voices or seen things that others don't hear or see?  Yes  No
3. Drink alcohol or used other drugs more than you meant to?  Yes  No
4. Burned or cut yourself?  Yes  No
5. Have you experienced a very bad thing happen (a traumatic event) where you continue to feel scared, worried, or nervous or even had nightmares that bothered you after it was all over?  Yes  No
6. Tried to stop drinking alcohol or using other drugs, but couldn't?  Yes  No
7. Been prescribed medication for your feelings?  Yes  No
8. Got in trouble with the law, school, or parents, or lost friends because of your drinking alcohol or using other drugs, and continued to use?  Yes  No
9. Drink alcohol or used other drugs to change the way you feel?  Yes  No
10. Had thoughts about hurting yourself or wanting to die?  Yes  No
11. Tried to kill yourself?  Yes  No
12. Have you ever been afraid of your parent, caretaker or a family member?  Yes  No
13. Have you ever been hit, slapped, kicked, touched in a bad way, cursed at, yelled at or threatened by someone?  Yes  No
14. Changed your friends or planned your free time to include drinking alcohol or using other drugs?  Yes  No
15. Needed to drink more alcohol or use more drugs to get the same buzz or high as when you first started using?  Yes  No

**Instructions:** OK Adolescent Screen

“I’m glad you called (or came in); let’s see how I can help. In your own words, what is going on, OR can you tell me a little about why you called (or came in) today?”

“In order to find the best services for you, I’d like to ask you a few short yes or no questions to see if there is anything we may have missed. There are no right or wrong answers and these questions may or may not apply to your situation. Is this okay with you?”

- This screen should be used when a person first contacts the agency for services.
- This screen is only a tool to help identify potential problem areas which may need further assessment. Please note: **This is NOT a diagnostic tool and should not be used as an assessment.**
- Please read each question *exactly* as written in the *order* provided.
- If a potential crisis is identified during the screening, please follow your agency protocols immediately to assess for lethality and provide appropriate intervention.
- Positive indicators (one “YES” answer), in any of the three (3) domains indicates that an additional assessment(s) is needed in that domain.

**Scoring:** Remember, one (1) “Yes” answer on any of the three (3) domains (Substance Abuse, Mental Health, and Trauma) indicates that an additional assessment(s) is needed in that domain.

Substance Abuse: 3 , 6 , 8 , 9 , 14 , 15

Mental Health: 1 , 2 , 4 , 7 , 10 , 11 ,

Trauma 5 , 12 , 13

**Reading level of Screen:**

Flesch Reading ease: .76

Flesch—Kincaid Grade Level: 6