



BRIEF PSYCHOLOGICAL SCREENING

PATIENT NAME: _____ **DATE:** _____

WEIGHT BIAS: How often do people tease or mistreat _____ because of his/her weight?

- never sometimes a lot

If Yes, Clarify:

SOCIAL: Does _____ have any problems making friends or getting along with kids?

- never sometimes a lot

If Yes, Clarify:

EMOTIONAL: Does _____ ever seem too nervous, too sad or too angry?

- never sometimes a lot

If Yes, Clarify:

BEHAVIORAL: Does _____ have any behavior problems?

- never sometimes a lot

If Yes, Clarify:

ACADEMIC: Does _____ have any school problems?

- never sometimes a lot

If Yes, Clarify:

FAMILY: Are there any family problems that might affect _____ weight?

- never sometimes a lot

If Yes, Clarify:

- Needs Assessment Does Not Need Assessment