



# Evidence Summary

Brief Mental Health and Substance Use Screening Tools  
for Non-clinicians in the Criminal Justice Population

Updated June 2014



# Table of Contents

- Introduction ..... 2
- Screening versus Assessment ..... 2
- Screening Tools Evaluated in Criminal Justice Populations..... 3
  - Mental Health and Substance Use ..... 3
    - Global Appraisal of Individual Need Short Screener version 3.0.1 CAMH (GAIN-SS ver.3.0.1 CAMH) ..... 3
    - Massachusetts Youth Screening Instrument – Second Version (MAYSI-2)..... 4
    - Criminal Justice Co-Occurring Disorder Screening Instrument – Mental Disorders (CJ-CODSI - MD) ..... 4
  - Mental Health ..... 5
    - Brief Jail Mental Health Screen (BJMHS)..... 5
    - Kessler Psychological Distress Scale (K6 and K10)..... 6
    - Modified MINI Screen (MMS)..... 6
- Screening Tools NOT Evaluated in Criminal Justice Populations..... 7
  - Mental Health and Substance Use ..... 7
    - Centre for Addiction and Mental Health – Concurrent Disorders Screener (CAMH-CDS)\* ..... 7
  - Mental Health ..... 8
    - Mental Health Screening Form III (MHSF-III)..... 8
- References ..... 9
- Appendix A: Copies of Screening Tools Referenced.....11



## Introduction

This review highlights screening tools that can be used to determine if a client needs mental health/substance use assessments. It was designed to give the non-clinician a starting point in understanding some of the mental health and substance use screening tools available. The tools were developed and used in Canada and/or the United States, and take a maximum of 20 minutes to administer. Copies of the screening tools highlighted in this document (except for the CAMH-CDS) are included in the appendix.

For information on best practices for implementing mental health/substance use screening in the youth justice setting, best practices for when/how screening should be completed, and considerations relating to use of results, privacy, etc., please refer to the *Mental Health Screening within Juvenile Justice: The Next Frontier*, by the National Center for Mental Health and Juvenile Justice (<http://www.umassmed.edu/uploadedFiles/cmhsr/NYSAP/MH%20Screening.pdf>).

This document was produced by [Evidence Exchange Network](#) (EENet) and the Performance Measurement and Implementation Research (PMIR) team, which are part of the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health (CAMH).

## Screening versus Assessment

*Screening* should be done when the youth enters the criminal justice system. It is a brief process to identify clients who may have disorders that require immediate attention, further comprehensive evaluation, or treatment.<sup>1</sup> Screening is not intended to provide a psychiatric diagnosis<sup>1</sup> and often requires little to no training to administer.<sup>2</sup>

*Assessment* occurs after screening, if the client needs further evaluation. It identifies the type and extent of mental health and substance use disorders and generally includes recommendations for treatment planning.<sup>1</sup> Assessment typically requires the expertise of a mental health professional.<sup>1</sup>



# Screening Tools Evaluated in Criminal Justice Populations

## Mental Health and Substance Use

### Global Appraisal of Individual Need Short Screener version 3.0.1 CAMH (GAIN-SS ver.3.0.1 CAMH)

---

<b>Population</b>	Adolescents and adults
<b>Domains</b>	23 items (20 from the GAIN-SS, plus three additional questions about psychosis in the CAMH modified version). Measures overall severity and four main dimensions of emotional/behavioural problems (internalizing, externalizing, substance, crime/violence); guides the clinical decision-making process about diagnosis and treatment needs. <sup>3</sup>
<b>Time to administer</b>	3–5 minutes
<b>Who administers</b>	Non-clinician staff or client. Can be administered with minimal training
<b>Cost</b>	A GAIN license must be obtained to use any of the GAIN family of screening instruments. Licensing costs \$100 per agency and covers five years of unlimited use of paper assessments. The cost to use the GAIN-SS Web application is \$500 per year, which includes one local administrator and an unlimited number of users per account. Training is available in a self-paced online course. It takes approximately 60 minutes to complete all three lessons in the course, which covers GAIN-SS administration, scoring, and interpretation. Training costs are \$150 for three months of access or \$500 for 12 months of access. For more information, visit: <a href="http://www.gaincc.org/products-services/gainss-web/">http://www.gaincc.org/products-services/gainss-web/</a>
<b>Evaluated</b>	For both adolescents and adults, the original GAIN-SS has good internal consistency, is highly correlated with the corresponding scales in the full GAIN-I, and has excellent sensitivity for identifying people with a behavioural health disorder and for ruling out people who do not. <sup>3</sup>
<b>Where it's been used</b>	The GAIN-SS ver.3.0.1 CAMH is currently used in communities across Ontario. In the United States, the GAIN-SS is one of the most commonly administered screening instruments for mental health courts and co-occurring disorder dockets, <sup>4</sup> and for the drug court program, Treatment Alternatives to Street Crime (TASC)-criminal justice residential program, probation, etc. <sup>5</sup> The tool has also been culturally translated for Aboriginal populations.



## Massachusetts Youth Screening Instrument – Second Version (MAYSI-2)

---

<b>Population</b>	Youth (age 12-17)
<b>Domains</b>	Checklist; 52 Yes/No items; 7 subscales: alcohol/drug use; angry-irritable; depressed-anxious; somatic complaints; suicide ideation; thought disturbance; traumatic experiences
<b>Time to administer</b>	Approximately 10 minutes (plus about 3 minutes to score)
<b>Who administers</b>	Client (grade 5 reading level required); computer version available; requires no special clinical expertise to administer, score, and interpret.
<b>Cost</b>	Answer forms, scoring forms, and computer programs are available without charge but it is authorized only for use by programs that register with the National Youth Screening Assistance Project. MAYSI-2 registration information available at <a href="http://nysap.us/MAYSI2.html">http://nysap.us/MAYSI2.html</a> . The MAYSI-2 user’s manual, which is also available in software form, can be purchased for \$125 here: <a href="http://www.prpress.com/MAYSI-2-2006-Massachusetts-Youth-Screening-Instrument-Users-Manual-Technical-Report-p_170.html">http://www.prpress.com/MAYSI-2-2006-Massachusetts-Youth-Screening-Instrument-Users-Manual-Technical-Report-p_170.html</a>
<b>Evaluated</b>	MAYSI-2 has been available since 2000 as a screening tool for mental, emotional, or behavioural problems for use at entry points in the juvenile justice system. Several studies evaluated the reliability and validity of the tool. ( <a href="http://nysap.us/MAYSI2.html">http://nysap.us/MAYSI2.html</a> )
<b>Where it’s been used</b>	One of the most widely used mental health screening tools in United States juvenile justice programs. The tool is also commonly used in justice setting across Ontario. *Copy of tool not included in this document’s appendix.

## Criminal Justice Co-Occurring Disorder Screening Instrument – Mental Disorders (CJ-CODSI - MD)

---

<b>Population</b>	Male and female offenders
<b>Domains</b>	6 items; derived from three standard mental health screeners, the GAIN-SS, the Mini International Neuropsychiatric Interview (MINI), and the Mental Health Screening Form (MHSF). <sup>6</sup>
<b>Time to administer</b>	5-20 minutes



<b>Who administers</b>	Administered by treatment or correctional staff without specialized mental health skills after some brief training. <sup>7</sup>
<b>Cost</b>	Unknown
<b>Evaluated</b>	The overall accuracy of the CJ-CODSI-MD (81%) compared favourably with the three standard instruments (GAIN-SS, MINI, MHSF); it had the highest overall accuracy of 81%. <sup>7</sup> The investigators are studying the tool's accuracy in a variety of populations (e.g., minority) and at various points in the criminal justice setting (e.g. on entry into prison). They also plan a study of the tool's use by a larger sample of criminal justice programs and a study of the implementation process. <sup>7</sup>
<b>Where it's been used</b>	Criminal justice settings in the United States, specifically with prison substance abuse program settings. <sup>7</sup>

## Mental Health

### Brief Jail Mental Health Screen (BJMHS)

---

<b>Population</b>	Adult inmates
<b>Domains</b>	8 items; 6 items examine the occurrence of mental health symptoms and 2 items review prior hospitalization for mental health problems and current use of psychotropic medication. <sup>8</sup>
<b>Time to administer</b>	Approximately 5 minutes
<b>Who administers</b>	Correctional staff (non-clinicians). Little formal training is needed to administer and score the instrument. <sup>8</sup>
<b>Cost</b>	The CMHS National GAINS Center provides the tool free of charge at <a href="http://www.gainscenter.samsha.gov">www.gainscenter.samsha.gov</a>
<b>Evaluated</b>	Developed with funding from the National Institute of Justice and validated using a sample of over 10,000 detainees in four jails and the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV SCID), which is generally acknowledged as the highest standard in assessing mental disorders. <sup>8</sup> Steadman et al's 2007 study concluded that the BJMHS is a practical, efficient tool for intake screening by jail correction officers of male and female detainees. <sup>9</sup>



**Where it's been used** The tool has been used by corrections officers in New York and Maryland during the intake and booking process to screen incoming detainees in jails and detention centers. The tool is readily adaptable to correctional settings.<sup>8</sup>

### Kessler Psychological Distress Scale (K6 and K10)

---

**Population** Adults

**Domains** 6 or 10 items; the six core domains of the K6 include nervousness, hopelessness, restlessness, depression, feeling as though everything takes effort, and feelings of worthlessness.<sup>8</sup>

**Time to administer** 2-5 minutes

**Who administers** [Self-administered version](#) and an [interviewer-administered version](#).

**Cost** Free at <http://www.hcp.med.harvard.edu/ncs/ftpd/ncs/ftpd/k6/K6+self%20admin-3-05-%20FINAL.pdf>.

**Evaluated** The tool has been successfully administered at numerous points in the justice system, including at arrest, in the probation setting, and in a day reporting centre for men.<sup>10</sup> It is an accurate screening tool for those with co-occurring disorders as well as for criminal justice populations, including female offenders.<sup>10</sup>

**Where it's been used** The scales are used in annual government health surveys in the US, Canada and Australia, as well as in the WHO World Mental Health Surveys.<sup>11</sup> The tool has also been translated into various languages. For more information go to [http://www.hcp.med.harvard.edu/ncs/k6\\_scales.php](http://www.hcp.med.harvard.edu/ncs/k6_scales.php).

### Modified MINI Screen (MMS)

---

**Population** Adults

**Domains** 22 Yes/No items; screens for symptoms of major depression, dysthymia, suicidality, hypomania, panic, agoraphobia, social phobia, obsessive compulsive disorder, post-traumatic stress disorder, psychosis, and generalized anxiety.<sup>12</sup>

**Time to administer** 5-10 minutes; scored in less than 5 minutes<sup>13</sup>



<b>Who administers</b>	Easy to administer and score by non-clinicians. <sup>12</sup> Training is brief, a manual is available.
<b>Cost</b>	Free at: <a href="http://www.rit.edu/ntid/saisd/surveys/mms">http://www.rit.edu/ntid/saisd/surveys/mms</a>
<b>Evaluated</b>	The tool has been validated to screen for mental health problems in ethnically diverse men and women in a wide range of chemical dependency specialty sector and community settings, including jails, shelters, and outreach programs. <sup>12</sup>
<b>Where it's been used</b>	It has been used extensively in New York State, <sup>13</sup> and is listed as one of the most commonly administered screening instruments for court-based programs in the United States. <sup>8</sup> The MINI has been translated into numerous languages.

## Screening Tools NOT Evaluated in Criminal Justice Populations

### Mental Health and Substance Use

#### Centre for Addiction and Mental Health – Concurrent Disorders Screener (CAMH-CDS)\*

---

<b>Population</b>	Adults
<b>Domains</b>	Screens for DSM-IV Axis I disorders, which includes 11 clinical disorders (such as anxiety, mood, schizophrenia, dissociative disorders, etc.), and all substance use disorders, as well as history of conduct disorder (behaviour that violates others' rights and/or societal norms). <sup>14</sup>
<b>Time to administer</b>	5–20 minutes, depending on the number of disorders reported. <sup>8</sup>
<b>Who administers</b>	Computer questionnaire. Requires only minimal mental health training to administer. Results can be generated by computer immediately after administration. <sup>8</sup>
<b>Cost</b>	The CAMH-CDS is included in The Roster of Electronic Assessment Tools (TREAT), developed by CAMH. Costs include license fees. TREAT may be accessed at <a href="http://www.treat.ca/">http://www.treat.ca/</a>
<b>Evaluated</b>	Validated using three large samples of individuals seeking substance abuse or misuse treatment. <sup>8</sup> Low rate of false-negative responses; is reliable for testing and retesting.
<b>Where it's been used</b>	Centre for Addiction and Mental Health *Copy of tool not included in this document's appendix.



## Mental Health

### Mental Health Screening Form III (MHSF-III)

---

<b>Population</b>	Individuals who have co-occurring mental health and substance use problems.
<b>Domains</b>	18 items; Yes/No questions examine current and past mental health symptoms (e.g., schizophrenia, depressive disorders, post-traumatic stress disorder, phobias, intermittent explosive disorder, delusional disorder, manic episode, pathological gambling, etc). <sup>8</sup>
<b>Time to administer</b>	About 15 minutes
<b>Who administers</b>	Non-clinician staff or client. Can be administered with minimal training. <sup>8</sup>
<b>Cost</b>	Free at <a href="http://www.asapnys.org/Resources/mhscreen.pdf">http://www.asapnys.org/Resources/mhscreen.pdf</a> and from the Alcoholism and Substance Abuse Providers of New York State at <a href="http://www.asapnys.org/resources.html">http://www.asapnys.org/resources.html</a> .
<b>Evaluated</b>	Early studies show that it is a sound tool that meets its original purpose, measures what it's intended to measure, and is reliable for testing and retesting. <sup>15</sup>
<b>Where it's been used</b>	Treatment agencies throughout US and Western Canada. <sup>15</sup> It has not been used extensively in criminal justice populations. <sup>8</sup>

*This is a living document and the information on which it is based may evolve over time. While great care was taken to prepare this summary, we acknowledge the possibility of human error due to search limitations and rapid timelines. Therefore, we do not warrant that the information contained in this document is fully current, accurate, or complete. If you have any comments or suggestions to improve its content, please contact [eenet@camh.ca](mailto:eenet@camh.ca).*



## References

- <sup>1</sup> Grisso T & Underwood L. (2004). *Screening and Assessing Mental Health and Substance Use Disorders Among Youth in the Juvenile Justice System: A Resource Guide for Practitioners*. Office of Juvenile Justice and Delinquency Prevention. Available at: <https://www.ncjrs.gov/pdffiles1/ojdp/204956.pdf>
- <sup>2</sup> Bostwick L. (2010). *Mental Health Screening and Assessment in the Illinois Juvenile Justice System*. Prepared for the Illinois Juvenile Justice Commission. Available at: <http://www.icjia.state.il.us/public/pdf/ResearchReports/Mental%20health%20screening%20and%20the%20juvenile%20justice%20system.pdf>
- <sup>3</sup> Dennis M, Chan Y-F, Funk R. (2006). Development and Validation of the GAIN Short Screener (GSS) for Internalizing, Externalizing and Substance Use Disorders and Crime/Violence Problems Among Adolescents and Adults. *The American Journal on Addictions*, 15: 80–91.
- <sup>4</sup> Peters R, Kremling J, Bekman N, Caudy M. (2012). Co-Occurring Disorders in Treatment-Based Courts: Results of a National Survey. *Behavioral Sciences and the Law*, 60: 800–820.
- <sup>5</sup> Allen J & Wilson V. (2003). *Assessing Alcohol Problems: A Guide for Clinicians and Researchers, Second Edition*. Available at : <http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/index.htm>
- <sup>6</sup> Sacks S, Melnick G, Coen C, Banks S, et al. (2007). CJDATS Co-Occurring Disorders Screening Instrument for Mental Disorders (CODSI-MD): A Pilot Study. *Prison J*, 87(1): 86–110. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3227556/pdf/nihms313488.pdf>
- <sup>7</sup> Sacks S & Melnick G. (2007). *Brief Report: Criminal Justice Co-occurring Disorders Screening Instrument (CJ-CODSI)*. Available at: <http://www.drugabuse.gov/sites/default/files/files/CJ-CODSI.pdf>
- <sup>8</sup> Peters R, Bartoi M, Sherman P. (2008). *Screening and assessment of co-occurring disorders in the justice system*. Delmar, NY: CMHS National GAINS Center. Available at: <http://gainscenter.samhsa.gov/pdfs/disorders/ScreeningAndAssessment.pdf>
- <sup>9</sup> Steadman H, Robbins P, Islam T, Osher F. (2007). Revalidating the Brief Jail Mental Health Screen to Increase Accuracy for Women. *Psychiatric Services*, 58(12): 1598-1601.
- <sup>10</sup> Swartz J. (2007). Using the K6 Scale to Screen for Serious Mental Illness among Criminal Justice Populations: Do Psychiatric Treatment Indicators Improve Detection Rates? *International Journal of Mental Health Addiction*, 6:93–104.
- <sup>11</sup> Kessler R, Andrews G, Colpe L, Hiripi E, et al. (2002). Short screening scales to monitor population prevalences and trends in nonspecific psychological distress. *Psychological Medicine*, 32(6): 959–976.



---

<sup>12</sup> Alexander MJ, Haugland G, Lin S, Bertollo N, McCorry F. (2008). Mental Health Screening in Addiction, Corrections and Social Service Settings: Validating the MMS. *International Journal of Mental Health Addiction*, 6:105–119.

<sup>13</sup> New York State Office of Mental Health. (2008). *Screening for Co-Occurring Disorders OMH and OASAS Guidance Document*. Available at:  
[http://www.omh.ny.gov/omhweb/resources/providers/co\\_occurring/adult\\_services/screening.html](http://www.omh.ny.gov/omhweb/resources/providers/co_occurring/adult_services/screening.html)

<sup>14</sup> Negrete J, Collins J, Turner N, Skinner W. (2004). The Centre for Addiction and Mental Health Concurrent Disorders Screener. *Canadian Journal of Psychiatry*, 49(12): 843-850.

<sup>15</sup> Carroll J & McGinley J. (2001). A Screening Form for Identifying Mental Health Problems in Alcohol/Other Drug Dependent Persons. *Alcoholism Treatment Quarterly*, 19(4): 33-47.

**To be filled out by the interviewer**

Client Name: a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_  
(First name) (M.I.) (Last name)

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ (MM/DD/YYYY)

**GAIN Short Screener (GAIN-SS)**  
 Version [GVER]: GAIN-SS ver. 3.0.1 CAMH

The following questions are about common psychological, behavioural, and personal problems. These problems are considered <b>significant</b> when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.  After each of the following questions, please tell us the last time, <b>if ever</b> , you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

- IDScr 1. **When was the last time** that you had **significant** problems with...
- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?.....  | 4 | 3 | 2 | 1 | 0 |
| b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day? .....                                     | 4 | 3 | 2 | 1 | 0 |
| c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen? .....                            | 4 | 3 | 2 | 1 | 0 |
| d. becoming very distressed and upset when something reminded you of the past?.....  | 4 | 3 | 2 | 1 | 0 |
| e. thinking about ending your life or committing suicide? .....  | 4 | 3 | 2 | 1 | 0 |
| f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts? ..... | 4 | 3 | 2 | 1 | 0 |
- EDScr 2. **When was the last time** that you did the following things **two or more times**?
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. Lied or conned to get things you wanted or to avoid having to do something ..... | 4 | 3 | 2 | 1 | 0 |
| b. Had a hard time paying attention at school, work, or home. ....                  | 4 | 3 | 2 | 1 | 0 |
| c. Had a hard time listening to instructions at school, work, or home. ....         | 4 | 3 | 2 | 1 | 0 |
| d. Had a hard time waiting for your turn. ....                                      | 4 | 3 | 2 | 1 | 0 |
| e. Were a bully or threatened other people.....                                     | 4 | 3 | 2 | 1 | 0 |
| f. Started physical fights with other people .....                                  | 4 | 3 | 2 | 1 | 0 |
| g. Tried to win back your gambling losses by going back another day. ....           | 4 | 3 | 2 | 1 | 0 |
- SDScr 3. **When was the last time** that...
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| a. you used alcohol or other drugs weekly or more often? .....  | 4 | 3 | 2 | 1 | 0 |
| b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)? .....  | 4 | 3 | 2 | 1 | 0 |
| c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people? .....  | 4 | 3 | 2 | 1 | 0 |
| d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events? .....   | 4 | 3 | 2 | 1 | 0 |
| e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems? ..... | 4 | 3 | 2 | 1 | 0 |

(Continued)  After each of the following questions, please tell us the last time, <b>if ever</b> , you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

CVScr 4. **When was the last time** that you...

a. had a disagreement in which you pushed, grabbed, or shoved someone?.....	4	3	2	1	0
b. took something from a store without paying for it?.....	4	3	2	1	0
c. sold, distributed, or helped to make illegal drugs?.....	4	3	2	1	0
d. drove a vehicle while under the influence of alcohol or illegal drugs?.....	4	3	2	1	0
e. purposely damaged or destroyed property that did not belong to you?.....	4	3	2	1	0

The original GAIN-SS (sections 1 through 4) is copyrighted by Chestnut Health Systems 2005-2013. For more information on the measure or licensure, please see [www.gaincc.org](http://www.gaincc.org) or email [gainsupport@chestnut.org](mailto:gainsupport@chestnut.org).

**Additional questions (CAMH modified)**

After each of the following questions, please tell us the last time, <b>if ever</b> , you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

AQ5. **When was the last time** you had **significant** problems with... **(not related to alcohol/drug use)**

a. missing meals or throwing up much of what you did eat to control your weight?....	4	3	2	1	0
b. eating binges or times when you ate a very large amount of food within a short period of time and then felt guilty? .....	4	3	2	1	0
c. being disturbed by memories or dreams of distressing things from the past that you did, saw, or had happen to you? .....	4	3	2	1	0
d. thinking or feeling that people are watching you, following you, or out to get you?.....	4	3	2	1	0
e. videogame playing or internet use that caused you to give up, reduce, or have problems with important activities or people of work, school, home or social events? .....	4	3	2	1	0
f. gambling that caused you to give up, reduce, or have problems with important activities or people at work, school, home, or social events? .....	4	3	2	1	0

5. Do you have other **significant** psychological, behavioural, or personal problems that you want treatment for or help with? (If yes, please describe below) ..... Yes 1 No 0

v1. \_\_\_\_\_  
\_\_\_\_\_

## CODSI Screening Battery 1

Before we continue, I want to remind you of some things:

**CONFIDENTIALITY:** As we said in the consent form, your answers to the interview are entirely confidential. The research is being conducted by National Development and Research Institutes, Inc. (NDRI), a not-for-profit organization that is entirely separate from Colorado DOC. Your name and any other personal identifiers are not included on the interview. All of the information is grouped together at NDRI and only the grouped information is available to people outside NDRI.

**COMPLETENESS:** We hope this research will help to improve the services people receive in prison. A skipped question means that we cannot add up your responses and we cannot use the information to help others in situations like yours. Therefore, it is important that every person answer every question.

### INSTRUCTIONS:

1. For all of these questions you will answer either "YES or "NO".

**INTERVIEWERS: If you circle an answer marked by an asterisk (\*), proceed to the next question marked by an (a). If you a circle an answer NOT marked by an asterisk, skip to next question marked by a number.**

6. What is your gender? (If other, please describe below) 1 - Male 2 - Female 99 - Other

v1. \_\_\_\_\_

7. How old are you today? |\_|\_| Age

7a. How many minutes did it take you to complete this survey? |\_|\_|\_| Minutes

Staff Use Only					
8. Site ID: _____		Site name v. _____			
9. Staff ID: _____		Staff initials v. _____			
10. Client ID: _____		Comment v. _____			
11. Mode: 1 - Administered by staff    2 - Administered by other    3 - Self-administered					
13. Referral: MH ____ SA ____ ANG ____ Other ____    14. Referral codes: _____					
15. Referral comments: v1. _____					
Scoring					
Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDScr	1a – 4e				
Supplemental questions	AQ5a-f				

*GAIN-SS copyright © Chestnut Health Systems. For more information on this instrument, please visit <http://www.gaincc.org> or contact the GAIN Project Coordination Team at (309) 451-7900 or [GAINInfo@chestnut.org](mailto:GAINInfo@chestnut.org)*

## CODSI Screening Battery 1

I am going to start by asking you questions about how you have been feeling emotionally and mentally. I will be asking about how you have been feeling at different times in your life. For example, I might ask about the past 2 weeks, the past month, or ever.

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past 2 weeks?	YES	NO*
*1a. At any time in your life, were you ever consistently depressed or down, most of the day, nearly every day, for 2 weeks?	YES	NO
2. In the past 2 weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time?	YES	NO*
*2a. At any time in your life, were you less interested in most things or less able to enjoy the things you used to enjoy most of the time for a two week period?	YES	NO
3. Have you felt sad, low, or depressed most of the time for the last two years?	YES	NO*
*3a. At any point in your life, have you felt sad, low, or depressed most of the time for two years?	YES	NO
4. In the past month, did you think you would be better off dead or wish you were dead?	YES	NO*
*4a. At any time in your life have you thought that you would be better off dead or wish you were dead?	YES	NO
5. Have you ever had a period of time when you were feeling up, hyper, or so full	YES *	NO





# BRIEF JAIL MENTAL HEALTH SCREEN

## Section 1

Name: _____ <small>First MI Last</small>	Detainee #: _____	Date: ____/____/____	Time: _____ AM PM
---	-------------------	----------------------	----------------------

## Section 2

Questions	No	Yes	General Comments
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
5. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
6. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			
7. Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you <u>ever</u> been in a hospital for emotional or mental health problems?			

## Section 3 (Optional)

**Officer's Comments/Impressions (check *all* that apply):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Language barrier                   | <input type="checkbox"/> Under the influence of drugs/alcohol | <input type="checkbox"/> Non-cooperative |
| <input type="checkbox"/> Difficulty understanding questions | <input type="checkbox"/> Other, specify: _____                |  |

**Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:**

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

Not Referred

Referred on \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_\_

Person completing screen \_\_\_\_\_

INSTRUCTIONS ON REVERSE

## INSTRUCTIONS FOR COMPLETING THE BRIEF JAIL MENTAL HEALTH SCREEN

### GENERAL INFORMATION:

This Brief Jail Mental Health Screen (BJMHS) was developed by Policy Research Associates, Inc., with a grant from the National Institute of Justice. The BJMHS is an efficient mental health screen that will aid in the early identification of severe mental illnesses and other acute psychiatric problems during the intake process.

This screen should be administered by Correctional Officers during the jail's intake/booking process.

### INSTRUCTIONS FOR SECTION 1:

NAME: Enter detainees name — first, middle initial, and last  
DETAINEE#: Enter detainee number.  
DATE: Enter today's month, day, and year.  
TIME: Enter the current time and circle AM or PM.

### INSTRUCTIONS FOR SECTION 2:

#### ITEMS 1-6:

Place a check mark in the appropriate column (for "NO" or "YES" response).

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

#### ITEMS 7-8:

ITEM 7: This refers to any *prescribed* medication for any emotional or mental health problems.

ITEM 8: Include any stay of one night or longer. Do NOT include contact with an Emergency Room if it did not lead to an admission to the hospital

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

#### General Comments Column:

As indicated above, if the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

All "YES" responses require a note in the General Comments section to document:

- (1) Information about the detainee that the officer feels relevant and important
- (2) Information specifically requested in question

If at any point during administration of the BJMHS the detainee experiences distress, he/she should follow the jails procedure for referral services.

### INSTRUCTIONS FOR SECTION 3:

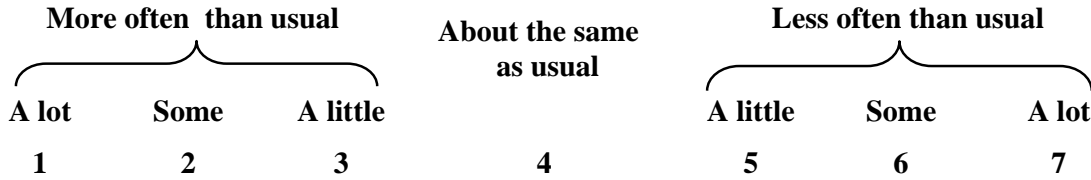
OFFICER'S COMMENTS: Check any one or more of the four problems listed if applicable to this screening. If any other problem(s) occurred, please check OTHER, and note what it was.

### REFERRAL INSTRUCTIONS:

Any detainee answering YES to Item 7 or YES to Item 8 or YES to at least two of Items 1-6 should be referred for further mental health evaluation. If there is any other information or reason why the officer feels it is necessary for the detainee to have a mental health evaluation, the detainee should be referred. Please indicate whether or not the detainee was referred.



**Q2.** The last six questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur More often in the past 30 days than is usual for you, about the same as usual, or less often than usual? (If you never have any of these feelings, circle response option “4.”)



The next few questions are about how these feelings may have affected you in the past 30 days. You need not answer these questions if you answered “None of the time” to **all** of the six questions about your feelings.

**Q3.** During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings?

\_\_\_\_\_ (Number of days)

**Q4.** **Not counting the days you reported in response to Q3,** how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings?

\_\_\_\_\_ (Number of days)

**Q5.** During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

\_\_\_\_\_ (Number of times)

<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
--------------------------------	---------------------------------	---------------------------------	-------------------------------------	---------------------------------

**Q6.** During the past 30 days, how often have physical health problems been the main cause of these feelings?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
----------	----------	----------	----------	----------

Binding margin – do not write

**Thank you for completing this questionnaire.**



**Q1c.** During the past 30 days, about how often did you feel **restless or fidgety**? (IF NEC: **all, most, some, a little, or none** of the time?)

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE
8. (IF VOL) DON'T KNOW
9. (IF VOL) REFUSED

**Q1d.** How often did you feel **so depressed that nothing could cheer you up**? (IF NEC: **all, most, some, a little, or none** of the time?)

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE
8. (IF VOL) DON'T KNOW
9. (IF VOL) REFUSED

**Q1e.** During the past 30 days, about how often did you feel **that everything was an effort**? (IF NEC: **all, most, some, a little, or none** of the time?)

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE
8. (IF VOL) DON'T KNOW
9. (IF VOL) REFUSED

**Q1f.** During the past 30 days, about how often did you feel **worthless**? (IF NEC: **all, most, some, a little, or none** of the time?)

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE
8. (IF VOL) DON'T KNOW
9. (IF VOL) REFUSED

**Q2.** The last set of questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur **more often** in the past 30 days than is usual for you, **about the same** as usual, or **less often** than usual?

- 1. MORE OFTEN THAN USUAL ..... **GO TO Q2b**
- 2. ABOUT THE SAME AS USUAL ..... **GO TO Q3**
- 3. LESS OFTEN THAN USUAL
- 4. (IF VOL) NEVER HAVE THESE FEELINGS ..... **GO TO Q3**
- 8. (IF VOL) DON'T KNOW ..... **GO TO Q3**
- 9. (IF VOL) REFUSED ..... **GO TO Q3**

**Q2a.** A lot less than usual, **somewhat** less, or **only a little** less than usual?

- 1. A LOT ..... **GO TO Q3**
- 2. SOMEWHAT ..... **GO TO Q3**
- 3. A LITTLE ..... **GO TO Q3**
- 8. (IF VOL) DON'T KNOW ..... **GO TO Q3**
- 9. (IF VOL) REFUSED ..... **GO TO Q3**

**Q2b.** A lot more than usual, **somewhat** more, or **only a little more** than usual?

- 1. A LOT
- 2. SOMEWHAT
- 3. A LITTLE
- 8. (IF VOL) DON'T KNOW
- 9. (IF VOL) REFUSED

**Q3. INTERVIEWER CHECKPOINT**

- 1. R ANSWERED "A LITTLE," "SOME," "MOST," OR "ALL" TO AT LEAST ONE QUESTION IN THE Q1 SERIES
- 2. ALL OTHERS ..... **END SECTION**

**Q4.** The next questions are about how these feelings may have affected you in the past 30 days. How many days out of the past 30 were you **totally** unable to work or carry out your normal activities because of these feelings?

\_\_\_\_\_ NUMBER OF DAYS

- 98. (IF VOL) DON'T KNOW
- 99. (IF VOL) REFUSED

**Q5. INTERVIEWER CHECKPOINT**

- 1. R ANSWERED "30" IN RESPONSE TO Q4 ..... **GO TO Q7**
- 2. ALL OTHERS

**Q6.** [Not counting (that day/those days)], how many days in the past 30 were you able to do only half or less of what you would normally have been able to do because of these feelings?

\_\_\_\_\_ NUMBER OF DAYS

98. (IF VOL) DON'T KNOW

99. (IF VOL) REFUSED

**Q7.** During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

\_\_\_\_\_ NUMBER OF TIMES

98. (IF VOL) DON'T KNOW

99. (IF VOL) REFUSED

**Q8.** During the past 30 days, how often have physical health problems been the main cause of these feelings – **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

1. ALL

2. MOST

3. SOME

4. A LITTLE

5. NONE

8. (IF VOL) DON'T KNOW

9. (IF VOL) REFUSED

---

#### INTERVIEWER TRAINING NOTES:

1. The General Interviewer Training (GIT) procedures for nondirective probing outlined in the GIT Training Manual of the Survey Research Center at the University of Michigan are the preferred GIT procedures to be followed in administering the K6. As GIT procedures vary across survey organizations, those used by the organization that carries out the survey should be used if a professional survey organization is administering the questions.

2. All bolded words in questions should be emphasized by voice inflection.

3. All parenthetical phrases in questions are optional.

\*\*\*

**Modified Mini Screen (MMS)**

Patient Name \_\_\_\_\_ OASAS ID \_\_\_\_\_

Weeks since admission \_\_\_\_\_ Interviewer \_\_\_\_\_

Today's Date \_\_\_\_\_ Supervisor Initials (optional) \_\_\_\_\_

**SECTION A**

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past 2 weeks?	YES	NO
2. In the past 2 weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time?	YES	NO
3. Have you felt sad, low or depressed most of the time for the last two years?	YES	NO
4. In the past month, did you think that you would be better off dead or wish you were dead?	YES	NO
5. Have you ever had a period of time when you were feeling up, hyper or so full of energy or full of yourself that you got into trouble or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)	YES	NO
6. Have you ever been so irritable, grouchy or annoyed for several days, that you had arguments, verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way?	YES	NO
<b>PLEASE TOTAL THE NUMBER OF "YES" RESPONSES TO QUESTIONS 1-6</b>		

**SECTION B**

<p>7. Note this question is in 2 parts.</p> <p>a. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable or uneasy even when most people would not feel that way?          YES            NO</p> <p>b. If yes, did these intense feelings get to be their worst within 10 minutes?          YES            NO</p> <p>If the answer to BOTH a and b is YES, code the question YES.          If the answer to either or both a and b is NO, code the question NO</p>	<p>YES</p>	<p>NO</p>
<p>8. Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about? Or do you feel anxious or uneasy in situations where help might not be available or escape might be difficult?</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Being in a crowd</li> <li><input type="checkbox"/> Standing in a line</li> <li><input type="checkbox"/> Being alone away from home or alone at home</li> <li><input type="checkbox"/> Crossing a bridge</li> <li><input type="checkbox"/> Traveling in a bus, train or car</li> </ul>	<p>YES</p>	<p>NO</p>
<p>9. Have you worried excessively or been anxious about several things over the past 6 months?          If no to Question 9, answer "no" to Question 10 and proceed to Question 11.</p>	<p>YES</p>	<p>NO</p>
<p>10. Are these worries present most days?</p>	<p>YES</p>	<p>NO</p>
<p>11. In the past month, were you afraid or embarrassed when others were watching you, or when you were the focus of attention? Were you afraid of being humiliated?</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Speaking in public</li> <li><input type="checkbox"/> Eating in public or with others</li> <li><input type="checkbox"/> Writing while someone watches</li> <li><input type="checkbox"/> Being in social situations</li> </ul>	<p>YES</p>	<p>NO</p>
<p>12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive or distressing?</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Were you afraid that you would act on some impulse that would be really shocking?</li> <li><input type="checkbox"/> Did you worry a lot about being dirty, contaminated or having germs?</li> <li><input type="checkbox"/> Did you worry a lot about contaminating others, or that you would harm someone even though you didn't want to?</li> <li><input type="checkbox"/> Did you have any fears or superstitions that you would be responsible for things going wrong?</li> <li><input type="checkbox"/> Were you obsessed with sexual thoughts, images or impulses?</li> <li><input type="checkbox"/> Did you hoard or collect lots of things?</li> <li><input type="checkbox"/> Did you have religious obsessions?</li> </ul>	<p>YES</p>	<p>NO</p>

**SECTION B (CONTINUED)**

<p>13. In the past month, did you do something repeatedly without being able to resist doing it?</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Washing or cleaning excessively</li> <li><input type="checkbox"/> Counting or checking things over and over</li> <li><input type="checkbox"/> Repeating, collecting, or arranging things</li> <li><input type="checkbox"/> Other superstitious rituals</li> </ul>	YES	NO
<p>14. Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else?</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Serious accidents</li> <li><input type="checkbox"/> Sexual or physical assault</li> <li><input type="checkbox"/> Terrorist attack</li> <li><input type="checkbox"/> Being held hostage</li> <li><input type="checkbox"/> Kidnapping</li> <li><input type="checkbox"/> Fire</li> <li><input type="checkbox"/> Discovering a body</li> <li><input type="checkbox"/> Sudden death of someone close to you</li> <li><input type="checkbox"/> War</li> <li><input type="checkbox"/> Natural disaster</li> </ul>	YES	NO
<p>15. Have you re-experienced the awful event in a distressing way in the past month?</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dreams</li> <li><input type="checkbox"/> Intense recollections</li> <li><input type="checkbox"/> Flashbacks</li> <li><input type="checkbox"/> Physical reactions</li> </ul>	YES	NO
<p><b>PLEASE TOTAL THE NUMBER OF "YES" RESPONSES TO QUESTIONS 7-15</b></p>		

**SECTION C**

16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you?	YES	NO
17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?	YES	NO
18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed?	YES	NO
19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you?	YES	NO
20. Have your relatives or friends ever considered any of your beliefs strange or unusual?	YES	NO
21. Have you ever heard things other people couldn't hear, such as voices?	YES	NO
22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see?	YES	NO
<b>PLEASE TOTAL THE NUMBER OF "YES" RESPONSES TO QUESTIONS 16-22</b>	YES	NO

**SCORING THE SCREEN**

<b>NUMBER OF "YES" RESPONSES FROM SECTION A</b>	
<b>NUMBER OF "YES" RESPONSES FROM SECTION B</b>	
<b>NUMBER OF "YES" RESPONSES FROM SECTION C</b>	
<b>TOTAL NUMBER OF "YES" RESPONSES FROM SECTIONS A, B &amp; C</b>	
<b>YES RESPONSE TO QUESTION #4</b>	
<b>YES RESPONSES TO QUESTIONS #14 AND #15</b>	

4. "IF NEC" means "if necessary." The interviewer should prompt R with the response categories, using the truncated wording when specified, until R has learned them well enough to respond without prompting.

5. "IF VOL" means "if volunteered." If the respondent volunteers one of the specified responses, that response should be recorded without additional probing. The interviewer's response to other responses that are not included among the pre-specified responses (e.g., a response of "quite a bit of the time") should be handled following the GIT procedures specified for the survey. In most cases, GIT will call for repeating the response options once and coding the response as a refusal with a marginal note describing the exact response if the respondent continues to give a response other than those that are pre-specified.

## MENTAL HEALTH SCREENING FORM III (MHSF-III)

### Instructions

In this program, we help people with all their problems, not just their addictions. This commitment includes helping people with emotional problems. Our staff is ready to help you deal with any emotional problems you may have, but we can do this only if we are aware of the problems. Any information you provide to us on this form will be **kept in strict confidence**. It will not be released to any outside person or agency **without your permission**. If you do not know how to answer these questions, ask the staff member giving you this form for guidance. Please note, each item refers to your **entire life history**, not just your current situation, this is why each questions begins – “Have you **ever**...”

1. Have you **ever** talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. Have you **ever** felt you needed help with your emotional problems, or have you had people tell you that you should get help for you emotional problems?  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. Have you **ever** been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem?  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. Have you **ever** been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?  
YES \_\_\_\_\_ NO \_\_\_\_\_
5. Have you **ever** heard voices no one else could hear or seen objects or things which others could not see?  
YES \_\_\_\_\_ NO \_\_\_\_\_
6. a) Have you **ever** been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or had thought about killing yourself?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
b) Did you **ever** attempt to kill yourself?  
YES \_\_\_\_\_ NO \_\_\_\_\_
7. Have you **ever** had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?  
YES \_\_\_\_\_ NO \_\_\_\_\_
8. Have you **ever** experienced any strong fears? For example, of heights, insets, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may

be hard to escape or get help?

YES \_\_\_\_\_ NO \_\_\_\_\_

9. Have you **ever** given in to an aggressive urge or impulse, on more than one occasion that resulted in serious harm to others or led to the destruction of property?

YES \_\_\_\_\_ NO \_\_\_\_\_

10. Have you **ever** felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior?

YES \_\_\_\_\_ NO \_\_\_\_\_

11. Have you **ever** experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner?

YES \_\_\_\_\_ NO \_\_\_\_\_

12. Was there **ever** a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in a lot of exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up?

YES \_\_\_\_\_ NO \_\_\_\_\_

13. Have you **ever** had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything?

YES \_\_\_\_\_ NO \_\_\_\_\_

14. Have you **ever** had spells or attacks when you suddenly felt anxious, frightened, and uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint?

YES \_\_\_\_\_ NO \_\_\_\_\_

15. Have you **ever** had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate.

YES \_\_\_\_\_ NO \_\_\_\_\_

16. Have you **ever** lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling?

YES \_\_\_\_\_ NO \_\_\_\_\_

17. Have you **ever** been told by teachers, guidance counselors, or others that you have a special learning problem?

YES \_\_\_\_\_ NO \_\_\_\_\_

---

Print client's name: \_\_\_\_\_

Program to which client will be assigned: \_\_\_\_\_

Name of admissions counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's comments: \_\_\_\_\_

\_\_\_\_ **Screened positive for a mental health problem**

- At least one "yes" response to questions 3 – 17 on the MHSEF-III