Mental Health Screening Form – III

In this program, we help people with all of 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 problem. Any information you provide to use 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 question 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?

   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 which others could not see?

   Yes

   No

6a. Have you ever been depressed for weeks at a time, lost interest in most activities, had trouble concentrating and making decisions, or thought about killing yourself?

   Yes

   No

6b. Did you ever attempt to kill yourself?

Adapted from:
J.F.X. Carroll, Ph.D. & John J. McGinley, M.S., M.S.W., M.A.
Mental Health Screening Form III
Project Return Foundation, Inc., 2000

Yes

No

7. Have you ever had nightmares or flashbacks as a result of being involved in a traumatic/terrible event?

   Yes

   No

8. Have you ever experienced any strong fears? For example, heights, insects, animals, dirt, attending social events, etc?

   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 behaviors?

    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?

    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, uneasy to the extent that you began sweating, your heart began to beat rapidly,

you were shaking or trembling, your stomach was upset, or you felt dizzy or unsteady?

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?

    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: Date:

Program to which the client will be assigned:

Name of Admissions Counselor:

Reviewer's Comments:

Total Score: _____ (each yes = 1pt.)x

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