

Screening

SCR014

**Intake**

Presenting Problem

**Public Health Risks**

To your knowledge have you had any unsafe exposure to anyone that might have HIV infections in the last six months?

 Yes  No

To your knowledge have you been exposed to anyone that may had have Tuberculosis in the three months?

 Yes  No

To your knowledge have you had any unsafe exposure to anyone that might have Hepatitis in the last month?

 Yes  No

To your knowledge have you had any unsafe exposure to anyone that might have sexually transmitted diseases in the last three months?

 Yes  No

Screening

Method

Interview

Setting

Referred By

Screening

mm/dd/yyyy

Date

**Mental Health Questions**

1 Have you ever:

 Yes

 No

a) Been depressed for weeks at a time?

b) Lost interest or pleasure in most activities?

c) Had trouble concentrating and making decisions?

d) Felt like "giving up" because you feel things are not going to get better?

2 Have you ever had a period of time: Yes No

a) When you were so full of energy and your ideas came very rapidly?

b) When you talked nearly non-stop?

c) When you moved quickly from one activity to another?

d) When you needed little sleep?

e) Believed you could do almost anything?

3 Have you ever heard voices no one else could hear or seen objects or things which others could not see? Yes No

4 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

5 Have you been experiencing any unusual things that other people might not understand or that might be hard to explain to other people? Yes No

6 Have you :

a) Thought of harming yourself or killing yourself in the last month? Yes No

b) Ever thought of harming yourself or killing yourself? Yes No

c) Ever attempted to harm or kill yourself? Yes No

d) Have you ever had intense violent feelings about hurting another person? Yes No

e) If yes to any above, when?

**Mental Health Urgency**

Emergent Urgent Routine

**Substance Abuse Questions**

1. Have you used Alcohol or Drugs in the last 30 days?  Yes  No
2. If Yes, What Substance?
3. In the last 30 days have you been released from a secured environment such as residential substance use disorder treatment program, jail, or prison?  Yes  No
- 3a. If yes, in the year before you entered the controlled environment did you use opioids?  Yes  No
4. Are you currently or have you ever been prescribed Vivitrol (naltrexone) methadone, or buprenorphine for your use of opioids?  Yes  No
- 4a. If yes, have you recently stopped prescription use of Vivitrol (naltrexone), methadone, or buprenorphine (Suboxone, Subutex)?  Yes  No
5. Have you used opioids intravenously?  Yes  No
6. Have you experienced a non-fatal overdose?  Yes  No
- 6a. If yes, have you ever been administered naloxone or Narcan?  Yes  No
7. Do you and/or your friends/family have access to naloxone or Narcan to reverse an overdose?  Yes  No
8. Do you use a drug with a needle?  Yes  No
9. Are you a veteran with an honorable discharge?  Yes  No
10. Do you have children in foster care?  Yes  No
- Have you given birth in the past 18 months?  Yes  No
- If yes, have you used opioids in the past 3 years?  Yes  No
- Are you Pregnant?  Yes  No  **Unknown**

**During the past 12 months**

- 11 Have you gotten sick or had withdrawal if you quit drinking or missed taking a drug?  Yes  No
- 12 Have you used larger amounts of alcohol or drugs or used them for a longer time than you had intended?  Yes  No
- 13 Have you tried to cut down on alcohol or drugs and were unable to do it?  Yes  No
- 14 Have you spent a lot of time getting alcohol or drugs, using them, or recovering from their use?  Yes  No
- 15 Have you gotten so high or sick from alcohol or drugs that it:
- a) Kept you from doing work, going to school, or caring for children?  Yes  No
  - b) Caused an accident or became a danger to you or others?  Yes  No
  - c) Caused physical health or medical problems?  Yes  No
- 16 Have you spent less time at work, school, or with friends so that you could drink or use drugs?  Yes  No

- 17 Has your use of alcohol or drugs caused
- a) Emotional or psychological problems?  Yes  No
  - b) Problems with family, friends, work, or police?  Yes  No

- 18 Have you increased the amount of alcohol or drugs you were taking so that you could get the same effect as before?  Yes  No
- 19 Have you continued drinking or taking a drug to avoid withdrawal or to keep from getting sick?  Yes  No

**Risk of Harm**

- 20 Do you often feel like "giving up" because you feel things are not going to get better?  Yes  No
- 21 In the past month have you thought of harming yourself or killing yourself?
- 22 Have you ever attempted to harm or kill yourself?  Yes  No

**Recommendations**

Preliminary Diagnosis

Priority Population

Public Health Risk

Recommendation

Justification

**General Information**

Performed by

Document Status

Document Status Date

Comments

Help Desk: 1-866-806-7806