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

Screening Date:_____

Number of days since last use of alcohol and/or other drugs:_____

I am going to ask you some questions and please note that 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 for your 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 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, insects, 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 _____

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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 much 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 _____

SCORING

SCORE: (Questions 1 and 2 are not scored)
Number of "Yes" Answers _____

- Screened positive = a score of 1 or greater.

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