

Mental Health Screening Form – III Dimension 3

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 to 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 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 problems?
 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 experiences 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 our 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

