

Family Intervention Specialist

Screen for Mental Health, Substance Use, and Co-Occurring

(Some questions extracted from Kenneth Minkoff, M.D. and J.F.X. Carroll, Ph.D. screening tools.

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| 1. | Do you use drugs or alcohol even though your doctor or other treaters suggest that you do not? | YES | NO |
| 2. | Have family members or friends expressed concerns about substance use? | YES | NO |
| 3. | Have family members or friends expressed concerns about gambling habits? | YES | NO |
| 4. | Have you had legal problems or engaged in illegal activity due to drug and/or alcohol use? | YES | NO |
| 5. | Have you had medical problems related to, or worsened by, drug and/or alcohol use? | YES | NO |
| 6. | Have you attended self-help (e.g. 12 Step) meetings related to drug and/or alcohol? | YES | NO |
| 7. | Have you received any addiction treatment, including hospitalizations or detoxification? | YES | NO |
| 8. | Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem? | YES | NO |
| 9. | Have you ever suffered from or been advised to take medication for anxiety, depression, obsessions or other emotional problems? | YES | NO |
| 10. | Have you ever suffered from or been advised to take medication for hearing voices, feeling paranoid or suspicious, having thoughts that others believe were odd? | YES | NO |
| 11. | 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 |
| 12. | Have you ever worried about gaining weight becoming fat, or controlling your eating by 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 on activity to another, when you needed little sleep, and believed you could do almost anything? | YES | NO |
| 14. | a) Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating or making decisions, or thought about killing yourself? b) Did you attempt to kill yourself? | YES | NO |
| 15. | Have you ever given in to an aggressive urge or impulse, on more than one occasion that resulted in serious harm to others or to the destruction of property? | YES | NO |
| 16. | Have you ever experienced any emotional problems or consequences associated with your sexual interests, your sexual activities, or your choice of a sexual partner? | YES | NO |
| 17. | Have you ever had a persistent thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or social relations? (i.e. repeatedly counting, doing, checking and rechecking things) | YES | NO |

| SCORE: | Number of Yes's | Number of No's |
|---|------------------------|-----------------------|
| Any YES answer on questions 1 to 7 identifies a potential addiction issue to be further evaluated through a full assessment. | | |
| Any YES answer on questions 8 to 17 indicates a potential mental health issue to be further evaluated through a full assessment. | | |
| Any YES in questions (1-7) and (8-17) indicates a potential co-occurring issue to be further evaluated through a full assessment. | | |

Client Name (Printed)

Date

Staff Name (Printed)

Staff Signature