

**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.	Have you ever used drugs or alcohol even though your doctor or other treaters suggested that you not do so?	YES	NO
2.	Have family members or friends ever expressed concerns about your substance use?	YES	NO
3.	Have you ever lost considerable sums of money through gambling or had problems at work, in school, or with your family and friends as a result of your gambling? Have family members or friends ever expressed concerns about your gambling?	YES	NO
4.	Have you ever had legal problems or engaged in illegal activity due to drug and/or alcohol use?	YES	NO
5.	Have you ever had medical problems related to, or worsened by, drug and/or alcohol use?	YES	NO
6.	Have you ever attended self-help (e.g. 12 Step) meetings related to drug and/or alcohol?	YES	NO
7.	Have you ever 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, or have you ever felt that you needed help with your emotional problems?	YES	NO
9.	Have you ever suffered from or been advised to take medication for: anxiety, depression, phobias, panic attacks, 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, or seeing things that others could not see?	YES	NO
11.	Have you ever had nightmares or flashbacks as a result of being involved in some traumatic or terrible event (for example: warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed)?	YES	NO
12.	Have you ever spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating, or engaged in repeated dieting or fasting, exercising a lot, 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, or 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?	YES	NO
	b) Did you ever 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 (for example: 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

FIS Screen Follow-Up Questions for Yes Answers

- WHEN did this problem first develop?
- HOW LONG did it last?
- Did the problem develop BEFORE, DURING, or AFTER you started using substances?
- WHAT was happening in your life at the time?

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14.a.	
14.b.	
15.	
16.	
17.	

Additional Comments:

Client Name (Printed)

Date

Staff Name (Printed)

Staff Signature