

Mental Illness and Substance Use Symptom Pre-Screener

SECTION 1

1. During the past 12 months, were you ever on medication/antidepressants for depression or nerve problems? Yes / No

2. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row? Yes / No

3. During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure? Yes / No

4. During the past 12 months, did you ever have a period lasting 1 month or longer when most of the time you felt worried and anxious? Yes / No

5. During the past 12 months, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious? Yes / No

6. During the past 12 months, did you ever have a spell or an attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath? [If respondent volunteers, "only when having a heart attack or due to physical causes, " mark "No"] Yes / No

Client considered positive for symptoms of mental illness if he/she responded yes to any mental health questions in Section 1.

SECTION 2 - Substance Use - Brief Screening

Substance	Questions	Positive Screen
Alcohol*	When was the last time you had more than 3 (for women/men >65 yrs.)/4 (for men) drinks in one day?	In the past 3 months
	How many drinks do you have per week?	More than 14 (men) More than 7 (women, men >65 yrs.)
Drugs	In the past year, have you used or experimented with an illegal drug or a prescription drug for non-medical reasons?	Yes
Tobacco	Do you currently smoke or use any form of tobacco?	Yes : Refer to 1-800-QUIT-NOW

*Any alcohol use is a positive screen for patients under 21 years or pregnant women.
 A standard drink in the U.S. is any drink that contains about 14 grams of pure alcohol.
 One drink = 12 oz. beer, 5 oz. wine, 1.5 oz. liquor