

MENTAL HEALTH SCREENING FORM III (MHSF-III)

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 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 questions 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 object 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 had thoughts about killing yourself? ☐ Yes ☐ No
b) Did you ever attempt to kill yourself? ☐ Yes ☐ No
7. Have you ever had nightmare 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 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 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
12. Was there ever a period in you 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 vomit? ☐ 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 no-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 has spells or attacks when you suddenly felt anxious, frightened, 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 cuased 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 you gambling? ☐ Yes ☐ No
17. Have you ever been told by teacher, guidance counselors, or others that you have a special learning problem? ☐ Yes ☐ No
- ☐ Screened positive for a mental health problem (At least one “yes” response to questions 3–17 on the MHSF-III)

Print client's name:

Program to which client will be assigned:

Name of admissions counselor:
Reviewer's comments:

Date: