EFA EMPLOYEE & FAMILY RESOURCES

Mental Health Screening III

Directions: Please circle the response that applies to you as it applies to your ***entire life history***, not just your current situation. If you don't understand a question or feel you need to explain further to your counselor, please let your counselor know. Thank you!

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 hear voices no one else could hear or seen objects or things which others could not see?	Yes No
6.	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
7.	Did you ever attempt to kill yourself?	Yes No
8.	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
9.	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
10.	Have you ever given in to an aggressive urge or impulse, on more than one occasion, which resulted in serious harm to others or led to the destruction of property?	Yes No
11.	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 behavior?	Yes No
12.	Have you ever experienced any emotional problems associated with your sexual interest, your sexual activities, or your choice of sexual partner?	Yes No
13.	Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling you eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up?	Yes No
14.	Have you ever had 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 caused 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 as a result of your gambling?	Yes No
17.	Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem?	Yes No

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Total score: _____ (each yes = 1 pt.)

J.F.X. Carroll, Ph.D. & John J. McGinley, M.S., M.S.W., M.A.

Clear Form