

Mental Disability/Suicide Intake Screening

NAME _____ DATE OF BIRTH ____/____/____
 Last First MI
 STATE ID # _____ DATE ____/____/____ COMPLETED BY: _____

Was Inmate a medical, mental health, or suicide risk during any prior contact or confinement with department? Yes _____ No _____ If Yes, when? _____

Does arresting or transporting officer believe that the inmate is a medical, mental health, or suicide risk? Yes _____ No _____

QUESTIONNAIRE FOR DETAINEE		
1. Have you ever received MHMR Services or other mental health services?	Yes	No
2. Do you know where you are?	Correct	Incorrect
3. What season is this?	Correct	Incorrect
4. How many months are there in a year?	Correct	Incorrect
5. (a) Sometimes people tell me they hear noises or voices that other people don't seem to hear. What about you? (b) If yes, ask for an explanation: "What do you hear?"	Yes	No
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OBSERVATION QUESTIONS		
6. Does the individual act or talk in a strange manner?	Yes	No
7. Does the individual seem unusually confused or preoccupied?	Yes	No
8. Does the individual talk very rapidly or seem to be in an unusually good mood?	Yes	No
9. Does the individual claim to be someone else like a famous person or fictional figure?	Yes	No
10. (a) Does the individual's vocabulary (in his/her native tongue) seem limited?	Yes	No
(b) Does the individual have difficulty coming up with words to express him/herself?	Yes	No

SUICIDE RELATED QUESTIONS / OBSERVATIONS

11.(a) Have you ever attempted suicide?	Yes	No
(b) Have you ever had thoughts about killing yourself?	Yes	No
If yes, When? _____		
Why? _____		
How? _____		
12. Are you thinking about killing yourself today?	Yes	No
13. (a) Have you ever been so down that you couldn't do anything for more than a week? (If no, go to 14.)	Yes	No
(b) Do you feel this way now?	Yes	No

14. When not on drugs or drinking, have you ever gone for days without sleep or had a long period in your life when you felt very energetic or excited?	Yes	No
15. Have you experienced a recent loss or death of a family member or friend or are you worried about major problems other than your legal situation?	Yes	No
16. Does the individual seem extremely sad, apathetic, helpless, or hopeless?	Yes	No

COMMENTS _____