

MH Screening Interview - ZZZF, YYYY	
<div>*Performed on: 11/04/2020 1707 PST</div>	
<div>Patient Encounter</div> <div>Mental Health Sc</div> <div>Results</div>	<div><b>Mental Health Screening</b></div> <p>The mental health screening is mandatory for all new arrivals. Review the inmate's MH history in the electronic health record. If the inmate was at an EOP level of care or higher during a prior CDCR admission, a full MH evaluation appt must be ordered and the screen must be given. Otherwise, if in your clinical opinion the MH history review warrants a full MH evaluation, administer the screen. Once the screen is completed, if the result is negative and in your clinical opinion you think the inmate might have a mental illness, select "Clinical Override" and provide your reasoning for ordering the full MH evaluation.</p> <div><div><b>1. Have you ever made a suicide attempt?</b></div><div><input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Refused to answer</div></div> <div><div><b>2. Are you thinking of killing yourself at this time?</b></div><div><input type="radio"/> 1. Not at all <input type="radio"/> 2. Have some brief but not serious thoughts about it <input type="radio"/> 3. Have thought about it, have thought about how I would do it, and have briefly considered a plan <input type="radio"/> 4. Have thought about it and seriously considered a plan involving how and when I would do it <input type="radio"/> 5. Have thought about it seriously, have a plan, and have means of doing it. <input type="radio"/> 6. Refused to Answer</div></div> <p>Note: If item 2 is marked as a 1 or 2, skip item 3.</p> <div><div><b>3. In general, how effective would killing yourself be in solving your present problems?</b></div><div><input type="radio"/> 1. Not effective at all <input type="radio"/> 2. Killing myself would create more problems than it would solve <input type="radio"/> 3. The positive and negative effects would balance themselves out <input type="radio"/> 4. The positive effects would outweigh the negative effects <input type="radio"/> 5. Suicide would be very effective in solving my problems <input type="radio"/> 6. Refused to Answer</div></div> <div><div><b>4. Have you ever been admitted to or treated in a hospital for non-medical reasons such as a psychiatric hospital?</b></div><div><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Refused to answer</div></div> <div><div><b>5. Have you ever lost your appetite for a period of two or more weeks?</b></div><div><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Refused to answer</div></div> <div><div><b>5a. Have you lost or gained as much as two pounds a week for several weeks without trying?</b></div><div><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Refused to answer</div></div> <div><div><b>6. Have you ever felt like you had to talk or move more slowly than you usually do?</b></div><div><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Refused to answer</div></div> <div><div><b>6a. Have there ever been a few weeks when you had to keep moving and doing something all the time and you couldn't sit still?</b></div><div><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Refused to answer</div></div> <div><div><b>7. Have there ever been a few weeks when you felt much less interested in sex than you usually do?</b></div><div><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Refused to answer</div></div>



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Patient Encounter

Mental Health Screening

Results

8. Have there ever been a few weeks when you've felt like you were useless, or sinful, or guilty?

- ☐ No  
☐ Yes  
☐ Refused to answer

9. Have you ever believed people were watching you or spying on you?

- ☐ No  
☐ Yes  
☐ Refused to answer

10. Have you ever believed people were following you?

- ☐ No  
☐ Yes  
☐ Refused to answer

11. Have you ever believed you were being poisoned or plotted against by others?

- ☐ No  
☐ Yes  
☐ Refused to answer

12. Have you ever believed someone could control your mind by putting thoughts into your head or taking thoughts out of your head?

- ☐ No  
☐ Yes  
☐ Refused to answer

13. Have you ever felt other people knew your thoughts and could read your mind?

- ☐ No  
☐ Yes  
☐ Refused to answer

14. Have you recently had the experience of hearing things other people couldn't hear, such as voices, or of seeing things other people couldn't see?

- ☐ No  
☐ Yes  
☐ Refused to answer

15. Has there ever been a period of a week or more when your thoughts raced so fast you had trouble keeping track of them?

- ☐ No  
☐ Yes  
☐ Refused to answer

16. Have you ever felt for a period of a week or longer you had a special talent or power and could do things others couldn't or that in some way you were an especially important person?

- ☐ No  
☐ Yes  
☐ Refused to answer

17. Again, for a period of a week or more, have you ever felt you didn't need to sleep very much, or at all, yet didn't feel sleepy?

- ☐ No  
☐ Yes  
☐ Refused to answer

18. Have you or your family or friends ever noticed a time when you were much more active than you usually are?

- ☐ No  
☐ Yes  
☐ Refused to answer

18a. Have you ever felt for at least a week or longer that you were much more interested in sex than you usually are or that you wanted to have sex more often than normal?

- ☐ No  
☐ Yes  
☐ Refused to answer

Have you ever been hospitalized for:

19a. Alcohol Treatment

- ☐ No  
☐ Yes  
☐ Refused to answer

19b. Drug Treatment

- ☐ No  
☐ Yes  
☐ Refused to answer

20. Have you ever been involuntarily committed for psychiatric problems?

- ☐ No  
☐ Yes  
☐ Refused to answer

### Possible Suicide Risk

☐ Negative

☐ Positive

### Possible Depressive D/O

☐ Negative

☐ Positive

### Possible Thought D/O

☐ Negative

☐ Positive

### Possible Mania D/O

☐ Negative

☐ Positive

### Significant Psychiatric History

☐ Negative

☐ Positive

## Consults

- ☐ No Consult Needed
- ☐ MH Emergent Consult - call
- ☐ MH Urgent Consult - call
- ☐ MH Routine Consult

### Participation

☐ Adequate  
☐ Refused  
☐ Unable to Participate

**MH Screen Result**

☐ Negative

☐ Positive

### Clinical Override

☐ Clinical Override

Clinical override will allow the provider to use clinical judgement to override a negative result and send a task to scheduling for an initial evaluation.

### Override Comments

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Read only question, result generated by system scoring of assessment.