

Mental Health Screening Form-III (MHSF-III) Supplement Question Form

For the questions below answer Y, N or X (Not Applicable) unless specified otherwise. Please note, each item refers to your *entire life history*, not just your current situation. This is why each question begins, "Have you ever..."

1. Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem? _____
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? _____
3. Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem? _____
4. Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons? _____
5. Have you ever heard voices no one else could hear or seen objects or things which others could not see? _____
- 6a. 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? _____
- 6b. Did you attempt to kill yourself? _____
7. 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. _____
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.
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 the destruction of property? _____
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 behavior? _____
11. Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner? _____

12. 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 your 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.

13. Have you *ever* had a period of time when you were so full of energy? _____

For example, ideas came very rapidly, talked nearly nonstop, moved quickly from one activity to another, when you needed little sleep, and when you believed you could do almost anything.

14. Have you *ever* had spells or attacks? _____

For example, you suddenly felt anxious, frightened, or uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, or you felt dizzy or unsteady, as if you would faint.

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 social relations? _____

Examples would include repeatedly counting things, checking and rechecking on things you have done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate.

16. Have you *ever* lost considerable sums of money through gambling or had problems at work, in school, or with your family and friends as a result of your gambling? _____

17. Have you *ever* been told by teachers, guidance counselors, or others that you have a special learning problem? _____

Program to which the client will be assigned: _____

Name of Counselor: _____

Comments: _____

Score: _____