



Mental Health Screening

Name:	DOB:	Admission	Date:
	JuVID:		Time:
Facility:		Screening	Date:
Completed by:			Time:

INSTRUCTIONS: Only fill in white spaces. Leave gray areas blank. "C" = Caution "W" = Warning

*These questions do not trigger any alerts or count towards Warning/Caution totals

Comment: (reference item #)

QUESTIONS FOR TRANSPORTING OFFICER:

	No	Yes	
		C	W
1. Have you noticed anything strange about the youth's behavior?			
2. Do you have any reason to think this youth may try to harm him or herself?			
Total			

Receiving Staff Signature / Title: _____

INTAKE SCREENING:

Comment: (reference item #)

Circumstances:

	No	Yes	
		C	W
1. Is youth charged with a serious offense (E.G., Murder, Rape, Involuntary Manslaughter, Aggravated Sodomy, Aggravated Child Molestation, Aggravated Sexual Battery, and Armed Robbery if Committed W/A Fire Arm)?			
2. Is this a high profile or highly publicized case?			
Total			

Questions for the Youth:

Why are you here? (record verbatim response)

	No	Yes	
		C	W
4. In the past month, have you felt like hurting or killing yourself?			
5. Have you ever done anything on purpose to hurt or kill yourself?			
6. Are you thinking about harming or killing yourself now?			
*7. In the past year, have you been in counseling for emotional, psychological or behavioral problems?			
8. In the past year, have you been taking or been prescribed medication for emotional, psychological, behavioral or attention problems: <input type="radio"/> In the past 30 days; <input type="radio"/> In the past 3 months; <input type="radio"/> In the past year			
9. Have you ever been in a treatment facility for emotional, psychological or behavioral problems?			
10. Has anyone close to you ever committed suicide?			
Totals			

Facility: _____ Youth: _____ Date: _____

Comment: (reference item #)

Traumatic Experience:	No	Yes	
		C	W
11. Have you ever been raped or been in danger of being raped?			
12. Has anyone ever touched your private sexual body parts in a way you didn't want them to?			
13. Do you have bad thoughts or bad dreams about something bad that's happened to you?			
14. Have you had a dangerous experience where you thought that you or someone else may be badly hurt or killed?			
15. Have you ever seen a person get seriously beaten up, tortured, shot, shot at or knifed?			
16. In your whole life, have you ever had something very bad or terrifying happen to you?			
*17. Have you ever been forced or pressured by someone to have sex for money?			
Total			

Observations:	No	C	W
18. Fresh wounds or injuries that appear to be self-inflicted?			
19. Extreme emotional responses (crying, hostility, sadness, fear, etc.)?			
Total			

Thought Disturbance:	No	C	W
20. Have you ever seen things that other people can't see?			
21. Have you ever heard voices or other noises that other people can't hear?			
22. Have you ever felt that you have special powers or abilities that other people don't have?			
23. Have you ever felt as if other people had somehow taken control of your mind and thoughts?			
Total			

Other noteworthy behavioral observations or concerns: *(describe)*

INTAKE SCREENING RESULTS:

- Any **WARNING** → Place on Close Observation (Level 3) until completion of Mental Health Assessment, Implement Level 3 Safety Protocol, Notify MH staff on-call (if after hours)
- Any **CAUTION** → Place on Special Observation (Level 2) until completion of Mental Health Assessment, Implement Level 2 Safety Protocol
- No Caution or Warning → Place on Routine Observation (Level 1)

Substance Abuse:

	NO	YES
*24. Have you used alcohol or drugs within the last year?		
*25. Have you used alcohol or other drugs in order to get high or intoxicated within the 30 days prior to your incarceration?		
*26. Have you gotten into trouble or had a fight while drunk or high?		
*27. Have you ever overdosed on drugs or alcohol, accidentally or on purpose?		
*28. Have you ever experienced DT's or other withdrawal symptoms when you stopped using drugs or alcohol?		

Signatures:

Certified Screener (name, title) _____ Date: _____ Time: _____
(Print) (Signature)