

Correctional Mental Health Screen for Men (CMHS-M)

Name _____ Last, First, MI	Detainee # _____	Date ___/___/____ mm/dd/year	Time ___:___
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QUESTIONS	NO	YES	COMMENTS
1. Have you ever had worries that you just can't get rid of?			
2. Some people find their mood changes frequently - as if they spend everyday on an emotional roller coaster. Does this sound like you?			
3. Do you get annoyed when friends or family complain about their problems? Or do people complain that you're not sympathetic to their problems?			
4. Have you ever felt like you didn't have any feelings, or felt distant or cut off from other people or from your surroundings?			
5. Has there ever been a time when you felt so irritable that you found yourself shouting at people or starting fights or arguments?			
6. Do you often get in trouble at work or with friends because you act excited at first but then lose interest in projects and don't follow through?			
7. Do you tend to hold grudges or give people the silent treatment for days at a time?			
8. Have you ever tried to avoid reminders, or to not think about, something terrible that you experienced or witnessed?			
9. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?			
10. Have you ever been troubled by repeated thoughts, feelings, or nightmares about something you experienced or witnessed?			
11. Have you ever been in a hospital for non-medical reasons such as in a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)			
12. Have you ever felt constantly on guard or watchful even when you didn't need to, or felt jumpy and easily startled?			

TOTAL # YES: _____	General Comments:
<p>Refer for further Mental Health Evaluation if the Detainee answered Yes to 6 or more items OR If you are concerned for any other reason</p> <p><input type="radio"/> URGENT Referral on ___/___/____ to _____</p> <p><input type="radio"/> ROUTINE Referral on ___/___/____ to _____</p> <p><input type="radio"/> Not Referred</p>	
Person Completing Screen: _____	