

Appendix A*

Correctional Mental Health Screen for Women (CMHS-W)

Name _____ Last, First, MI	Detainee # _____	Date ___/___/____ mm/dd/year	Time ___:___
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Questions	No	Yes	Comments
1. Do you get annoyed when friends and family complain about their problems? Or do people complain you are not sympathetic to their problems?			
2. Have you ever tried to avoid reminders of, or to not think about, something terrible that you experienced or witnessed?			
3. Some people find their mood changes frequently-as if they spend everyday on an emotional rollercoaster. For example, switching from feeling angry to depressed to anxious many times a day. Does this sound like you?			
4. Have there ever been a few weeks when you felt you were useless, sinful, or guilty?			
5. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?			
6. Do you find that most people will take advantage of you if you let them know too much about you?			
7. Have you been troubled by repeated thoughts, feelings, or nightmares about something terrible that you experienced or witnessed?			
8. Have you ever been in the hospital for non-medical reasons, such as a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)			

TOTAL # YES: _____	General Comments:
<p>Refer for further Mental Health Evaluation if the Detainee answered Yes to 5 or more items OR if you are concerned for any other reason</p> <p> <input type="radio"/> URGENT Referral on ___/___/____ to _____ <input type="radio"/> ROUTINE Referral on ___/___/____ to _____ <input type="radio"/> Not Referred </p>	
<p>Person Completing Screen: _____</p>	

* The forms in appendixes A and B are shown exactly as they are provided to correctional institutions.