CASE ID: _____ Date: _____ Screener Last Name, First Initial_____

Mental Health/TBI Screening Project

Directions: Please circle appropriate answer and fax or email to April Turner

April.Turner@rehab.alabama.gov | FAX: 205-945-8517 ***ATTN: April Turner*** | Phone: 334-293-7116

Demographics

Agency (circle one)

Bryce
East Alabama Mental Health Center Outpatient Clinic
East Alabama Mental Health Center Chemical Addictions Program
Aletheia House Muscle Shoals
Mission of Mercy Shoals (MOMS) Florence
SpectraCare SA MI (circle one) County _____
Other

Race (circle one)

American Indian/Alaska Native
Asian
Native Hawaiian or Other Pacific Islander
Black or African American
White
Hispanic
More than One Race
Unknown/Not Reported

Gender (circle one)

Male
Female
Other

Are you currently insured? (circle one)

Yes
No

What is your current relationship status? (circle one)

Single/Never Married
Married
Partnered
Widowed
Divorced

What is your current age?

_____ years

Years of education

_____ years

Are you currently employed? (circle one)

Yes
No

Have you ever served in the military? (circle one)

Yes, Active
Yes, Veteran
No

If you have served in the military, which branch? (circle one)

Army
Navy
Air Force
Marines
National Guard
Other Uniformed Service

Health

Please indicate if you have been diagnosed with any of the following physical health conditions. Check all that apply.

- ☐ Arthritis
- ☐ Blood Pressure
- ☐ Cancer
- ☐ Cholesterol
- ☐ Chronic Pain
- ☐ Dementia
- ☐ Diabetes
- ☐ Digestion/GI Problems
- ☐ Sensory Deficits
- ☐ Heart
- ☐ HIV/AIDS/Infectious Disease
- ☐ Lung Conditions
- ☐ Migraine/Headaches
- ☐ Neurology
- ☐ Skin
- ☐ Thyroid
- ☐ Other _____

Complete and return to April.Turner@rehab.alabama.gov | FAX: 205-945-8517 ***ATTN: April Turner*** *| Phone: 334-293-7116*

This project was supported, in part by grant number 90TBSG0044-01-00, from the US Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

CASE ID: _____ Date: _____ Screener Last Name, First Initial_____

Please indicate if you have been diagnosed with any of the following mental health conditions. Check all that apply.

- ☐ Anxiety Disorder
- ☐ Childhood Mental Disorder
- ☐ Cognitive Disorder
- ☐ Dissociative Disorder
- ☐ Eating Disorder
- ☐ Impulse Control Disorder
- ☐ Mood Disorder
- ☐ Organic Brain Disorder
- ☐ Personality Disorder
- ☐ Psychotic Disorder
- ☐ Sexual Disorder
- ☐ Sleep Disorder
- ☐ Trauma/Stress Disorder
- ☐ Other _____

Please indicate if you are taking any of the following medications. Check all that apply.

- ☐ Combination Antipsychotic and Antidepressant Medication
- ☐ Antipsychotic Medication
- ☐ Antidepressant Medication
- ☐ Mood Stabilizing and Anticonvulsant Medication
- ☐ Anti-anxiety Medication
- ☐ ADHD Medication
- ☐ Medical for Secondary Health Conditions

Do you take your medications as prescribed? (circle one)

Yes

No

Please indicate if you have abused any of the following. Check all that apply.

- ☐ Alcohol
- ☐ Tobacco
- ☐ Marijuana
- ☐ K2/Spice
- ☐ Prescription Drugs
- ☐ OTC Drugs
- ☐ Amphetamines
- ☐ Steroids
- ☐ Bath Salts
- ☐ Cocaine
- ☐ Hallucinogens
- ☐ Heroin
- ☐ Inhalants
- ☐ Ketamine/GHB/Rohypnol
- ☐ Other _____

How old were you when you first used one of these substances?

_____ years

Are you a childhood victim of violence? (circle one)

Yes

No

Are you an adult victim of violence? (circle one)

Yes

No

Have you ever attempted suicide? (circle one)

Yes

No

How many times have you ever attempted suicide?

_____ number of times

How old were you when you first attempted suicide?

_____ years

Complete and return to April.Turner@rehab.alabama.gov | FAX: 205-945-8517 ***ATTN: April Turner*** *| Phone: 334-293-7116*

This project was supported, in part by grant number 90TBSG0044-01-00, from the US Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.