

ASK DETAINEE:

- Name: _____
- What country are you in? _____
- What is this place? _____
- What is today's date? _____
- How do you feel today? _____
- In the past two weeks have you felt [depressed] [anxious] [scared] [confused] [other]..... Y__ N__
Explain _____
- Have you felt like hurting yourself?..... Y__ N__
Explain _____
- Have you ever felt like hurting someone else?..... Y__ N__
Explain _____
- Have you felt like others want to hurt you?..... Y__ N__
Explain _____
- Have you ever heard voices or seen things that other people did not hear or see?..... Y__ N__
Explain _____
- Have you ever felt that you were being controlled by someone or something other than yourself?..... Y__ N__
Explain _____
- Have you felt so nervous that you were unable to carry out daily activities?..... Y__ N__
Explain _____
- Have you ever been seen by a Psychiatrist, Psychologist, or mental health provider for any reason? ... Y__ N__
Explain _____
- Has a Psychiatrist or Physician ever prescribed you medications for your nerves?..... Y__ N__
Explain _____
- How much alcohol do you consume on a regular basis? (include the number of mixed drinks, glasses of wine or 12oz beers per day per week) _____
- When was the last time that you consumed alcohol? _____
- Have you taken any illicit drugs and which? _____
- When was the last time that you consumed drugs? _____
- Have you ever been unconscious?..... Y__ N__
Explain _____
- Have you ever been arrested?..... Y__ N__
How many times, what for and age of first arrest _____
- Have you lost control of your anger or fear losing control of your anger?..... Y__ N__
Explain _____

Additional Comments: _____

Provider Signature

Provider Stamp

Date

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW	
1. Name: _____	
2. DOB: _____	3. A#: _____
4. Nationality: _____	5. Facility: _____

