



Last Name \_\_\_\_\_ First \_\_\_\_\_

Today's Date \_\_\_\_\_

**Modified Mini Screen**

**Number of days since last use of alcohol and/or other drugs: \_\_\_\_\_**

**Section A**

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks? YES \_\_\_\_\_ NO \_\_\_\_\_
2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Have you felt sad, low or depressed most of the time for the last two years? YES \_\_\_\_\_ NO \_\_\_\_\_
4. In the past month did you think that you would be better off dead or wish you were dead? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Have you ever had a period of time when you were feeling 'up', hyper or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol). YES \_\_\_\_\_ NO \_\_\_\_\_
6. Have you ever been so irritable, grouchy or annoyed for several days, that you had arguments, verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way? YES \_\_\_\_\_ NO \_\_\_\_\_

**Section B**

7. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable or uneasy even when most people would not feel that way? Did these intense feelings get to be their worst within 10 minutes? (If "yes" to both questions, answer "yes", otherwise check "no")  
YES \_\_\_\_\_ NO \_\_\_\_\_
8. Do you feel anxious, frightened, uncomfortable or uneasy in situations where help might not be available or escape might be difficult? Examples include: \_\_\_being in a crowd, \_\_\_standing in a line, \_\_\_being alone away from home or alone at home, \_\_\_crossing a bridge, \_\_\_traveling in a bus, train or car? YES \_\_\_\_\_ NO \_\_\_\_\_
9. Have you worried excessively or been anxious about several things over the past 6 months? (If you answered "no" to this question, please skip to Question 11.) YES \_\_\_\_\_ NO \_\_\_\_\_
10. Are these worries present most days? YES \_\_\_\_\_ NO \_\_\_\_\_
11. In the past month, were you afraid or embarrassed when others were watching you or when you were the

focus of attention? Were you afraid of being humiliated? Examples include: \_\_\_speaking in public, \_\_\_eating in public or with others, \_\_\_writing while someone watches, \_\_\_being in social situations.  
YES \_\_\_\_\_ NO \_\_\_\_\_

12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive or distressing? Examples include: \_\_\_Were you afraid that you would act on some impulse that would be really shocking? \_\_\_Did you worry a lot about being dirty, contaminated or having germs? \_\_\_Did you worry a lot about contaminating others, or that you would harm someone even though you didn't want to? \_\_\_Were you obsessed with sexual thoughts, images or impulses? \_\_\_Did you hoard or collect lots of things? \_\_\_Did you have religious obsessions? YES \_\_\_\_\_ NO \_\_\_\_\_

13. In the past month, did you do something repeatedly without being able to resist doing it? Examples include: \_\_\_Washing or cleaning excessively; \_\_\_Counting or checking things over and over; \_\_\_Repeating, collecting, or arranging things; \_\_\_Other superstitious rituals. YES \_\_\_\_\_ NO \_\_\_\_\_

14. Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? Examples include: \_\_\_serious accidents; \_\_\_sexual or physical assault; \_\_\_terrorist attack; \_\_\_being held hostage; \_\_\_kidnapping; \_\_\_fire; \_\_\_discovering a body; \_\_\_sudden death of someone close to you; \_\_\_war; \_\_\_natural disaster. YES \_\_\_\_\_ NO \_\_\_\_\_

15. Have you re-experienced the awful event in a distressing way in the past month? Examples include: \_\_\_Dreams; \_\_\_Intense recollections; \_\_\_Flashbacks; \_\_\_Physical reactions.  
YES \_\_\_\_\_ NO \_\_\_\_\_

**Section C**

16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you? YES \_\_\_\_\_ NO \_\_\_\_\_

17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking? YES \_\_\_\_\_ NO \_\_\_\_\_

18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed? YES \_\_\_\_\_ NO \_\_\_\_\_

19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you? YES \_\_\_\_\_ NO \_\_\_\_\_

20. Have your relatives or friends ever considered any of your beliefs strange or unusual? YES \_\_\_\_\_ NO \_\_\_\_\_

21. Have you ever heard things other people couldn't hear, such as voices? YES \_\_\_\_\_ NO \_\_\_\_\_

22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see? YES \_\_\_\_\_ NO \_\_\_\_\_

**Section D**

23. Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling? YES\_\_\_\_\_

NO\_\_\_\_\_