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| **Screening Form for Suicide and Medical/Mental/Developmental Impairments** |
| County: | Date and Time: | Name of Screening Officer: |
| Inmate’s Name: | Gender: | DOB: | If female, pregnant? Yes ☐ No ☐ Unknown ☐ |
| Serious injury/hospitalization in last 90 days? Yes ☐ No ☐ If yes, describe: |
| Currently taking any prescription medications? Yes ☐ No ☐ If yes, what: |
| Any disability/chronic illness (diabetes, hypertension, etc.) Yes ☐ No ☐ If yes, describe: |
| Does inmate appear to be under the influence of alcohol or drugs? Yes ☐ No ☐ If yes, describe: |
| Do you have a history of drug/alcohol abuse? If yes, note substance and when last used |
| \*Do you think you will have withdrawal symptoms from stopping the use of medications or other substances (including alcohol or drugs) while you are in jail? If yes, describe |
| **\***Have you ever had a traumatic brain injury, concussion, or loss of consciousness? Yes ☐ No ☐ If yes, describe: |
| \***If yes,** **Notify Medical or Supervisor Immediately**  |
| ***Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believe it is warranted*** |
|  | YES | NO | **“Yes” Requires Comments** |
| ***IF YES TO 1a, 1b,1c,or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY*** |
| Is the inmate unable to answer questions? If yes, note why, notify supervisor and place on suicide watch until form completed. |  |  |  |
| 1a. Does the arresting/transporting officer believe or has the officer received information that inmate may be at risk of suicide?  |  |  |  |
| 1b. Are you thinking of killing or injuring yourself today? If so, how? |  |  |  |
| 1c. Have you ever attempted suicide? If so, when and how? |  |  |  |
| 1d. Are you feeling hopeless or have nothing to look forward to? |  |  |  |
| ***IF YES to 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE. Notify Mental Health when warranted*** |
| 2. Do you hear any noises or voices other people don’t seem to hear? |  |  |  |
| 3. Do you currently believe that someone can control your mind or that other people can know your thoughts or read your mind? |  |  |  |
| 4. Prior to arrest, did you feel down, depressed, or have little interest or pleasure in doing things? |  |  |  |
| 5. Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible from your past? |  |  |  |
| 6. Are you worried someone might hurt or kill you? If female, ask if they fear someone close to them. |  |  |  |
| 7. Are you extremely worried you will lose your job, position, spouse, significant other, custody of your children due to arrest? |  |  |  |
| 8. Have you ever received services for emotional or mental health problems?  |  |  |  |
| 9. Have you been in a hospital for emotional/mental health in the last year? |  |  |  |
| 10. If yes to 8 or 9, do you know your diagnosis? If no, put “Does not know” in comments. |  |  |  |
| 11. In school, were you ever told by teachers that you had difficulty learning?  |  |  |  |
| 12. Have you lost / gained a lot of weight in the last few weeks without trying (at least 5lbs.)? |  |  |  |
| ***IF YES TO 13-16 BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY*** |
| 13. Does inmate show signs of depression (sadness, irritability, emotional flatness)? |  |  |  |
| 14. Does inmate display any unusual behavior, or act or talk strange (cannot focus attention, hearing or seeing things that are not there)? |  |  |  |
| 15. Is the inmate incoherent, disoriented or showing signs of mental illness? |  |  |  |
| 16. Inmate has visible signs of recent self-harm (cuts or ligature marks)? |  |  |  |
| Additional Comments (Note CCQ Match here): |
| Magistrate Notification  | Mental Health Notification | Medical Notification |
| Date and Time:Electronic or Written (Circle) | Date and Time: | Date and Time: |
| Supervisor Signature, Date and Time: |