

Mini Screen

Patients Name:

Patients Number:

Patients Date of Birth:

Date of Interview:

Interview Completed By:

If yes go to the corresponding M.I.N.I module

Have you been consistently depressed or down, most of the day, nearly everyday, for the past two weeks? Yes No

In the past two weeks, have you been less interested in most things or less able to enjoy the things you use to enjoy most of the time? Yes No

In the past month did you think you would be better off dead or wish you were dead? Yes No

Have you ever had a period of time when you were feeling 'up' or 'high' or so full of energy or full of yourself that you got into trouble, or that other people thought you weren't your usual self? (Do not consider time you were intoxicated off drugs or alcohol) Yes No

Have you ever been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or over reacted, compared to other people, even in situations that you felt were justified? Yes No

Have you, on more than one occasion, had spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way? Did the spells peak within 10 minutes? Code YES if only the spells peak in 10 minutes. Yes No

Do you feel anxious or uneasy in places or situations where you might have a panic attack or panic-like symptoms, or where help might not be available or escape might be difficult: like being in a crowd, standing in a line (queue), when you are away from home or alone at home, or when crossing a bridge, traveling in a bus, train or car? Yes No

In the past month were you fearful or embarrassed being watched, being the focus of attention, or fearful of being humiliated? This includes things like speaking in public, eating in public or with others, writing while someone watches, or being in social situations? Yes No

In the past month have you been bothered by recurrent thoughts, impulses or images that were unwanted, distasteful, inappropriate, intrusive or distressing? (e.g. the idea that you were dirty, contaminated, or that you had germs, or fear of contaminating others, or fear of harming someone even though you didn't want to, or fearing that you would act on some impulse, or fear or superstition that you would be responsible for things going wrong, or obsessions with sexual thoughts, images or impulses, or hoarding, collecting, or religious obsessions.) Yes No

In the past month, did you do something repeatedly without being able to resist doing it, like washing or cleaning excessively, counting and checking things over and over, or repeating, collecting, or arranging things, or other superstitious rituals? Yes No

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 of traumatic events include serious accidents, sexual or physical assault.
 A terrorist attack, being held hostage, kidnapping, fire, discovering a body, sudden death of someone close to you, war or natural disaster.

Yes No

During the past month, have you re-experienced the event in a distressing way (such as, dreams, intense recollections, flashbacks, or physical reactions)?

Yes No

In the past 12 months, have you had 3 or more alcoholic drinks within a 3 hour period on 3 or more occasions?

Yes No

Now I'm going to show you/ read the list below of street drugs or medications. In the past 12 months, did you take any of these drugs more than once, to get high, to feel better, or to change your mood?

Yes No

- | | | |
|--------------|-----------|----------------------|
| Amphetamines | Demerol | Ether |
| Speed | Methodone | Glue |
| Crystal meth | Codeine | GHB |
| Rialin | Percodan | Grass |
| Cocaine | LSD | THC, Marijuana |
| Freebase | PCP | Cannabis, Hashish |
| Crack | Mescaline | Barbiturates, Valium |
| Heroin | Ecstasy | Dexedrine |
| Morphine | MDMA | Steroids |
| Opium | Inhalants | |

How tall are you? Inches

What was your lowest weight in the past 3 months? Lbs

Is the patients weight lower than the threshold corresponding to his/her height?
 See table below

Yes No

Females	4'10	4'11	5'0	5'1	5'3	5'4	5'5	5'6	5'7	5'8	5'9
Weight	85	86	87	89	94	97	99	102	104	107	109
Males	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1
Weight	108	110	111	113	115	115	118	120	122	125	127

In the past three months, did you have eating binges or times when you ate a very large amount of food with-in a 2- hour period?

Yes No

Have you worried excessively or been anxious about several things over the past 6 months?

Yes No