

MINI SCREEN

PATIENT NAME : _____ **DATE OF BIRTH:** _____

DATE OF INTERVIEW: _____ *If YES, go to the corresponding M.I.N.I. module*

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|--|--------------------------|
| <p>➤ Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks ?</p> | <p>NO YES → A</p> |
| <p>➤ In the past two weeks, have you been much less interested in most things or much less able to enjoy the things you used to enjoy most of the time ?</p> | <p>NO YES → A</p> |
| <p>➤ Have you felt sad, low or depressed most of the time for the last two years ?</p> | <p>NO YES → B</p> |
| <p>➤ In the past month did you think that you would be better off dead or wish you were dead ?</p> | <p>NO YES → C</p> |
| <p>➤ 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 were not your usual self ? (Do not consider times when you were intoxicated on drugs or alcohol.)</p> | <p>NO YES → D</p> |
| <p>➤ 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 ?</p> | <p>NO YES → D</p> |
| <p>➤ 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 ONLY IF THE SPELLS PEAK WITHIN 10 MINUTES.</p> | <p>NO YES → E</p> |
| <p>➤ 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 ?</p> | <p>NO YES → F</p> |
| <p>➤ 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.</p> | <p>NO YES → G</p> |
| <p>➤ 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 had germs, or fear of contaminating others, or fear of harming someone even though you didn’t want to, or fearing you would act on some impulse, or fear or superstitions that you would be responsible for things going wrong, or obsessions with sexual thoughts, images or impulses, or hoarding, collecting, or religious obsessions.)</p> | <p>NO YES → H</p> |

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- In the past **month**, did you do something repeatedly without being able to resist doing it, like washing or cleaning excessively, counting or checking things over and over, or repeating, collecting, or arranging things, or other superstitious rituals ? NO YES → **H**
- 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. NO YES → **I**
- Did you respond to the trauma with intense fear, helplessness, or horror ? NO YES → **I**
- During the past month, have you re-experienced the event in a distressing way (such as, dreams, intense recollections, flashbacks or physical reactions) ? NO YES → **I**
- In the past **12 months**, have you had 3 or more alcoholic drinks within a 3 hour period on 3 or more occasions ? NO YES → **J**
- Now I am going to show you / **READ THE LIST BELOW** of street drugs or medicines. 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 ? NO YES → **K**

Amphetamines	Speed	Crystal Meth	Dexedrine	Ritalin, Diet Pills
Cocaine	Crack	Freebase		
Heroin	Morphine, Methadone	Opium	Demerol	Codeine, Percodan, OxyContin
LSD	Mescaline	PCP	MDMA	Ecstasy
Inhalants	Glue	Ether	GHB	Steroids
THC, Marijuana	Cannabis, Hashish	Grass		Barbiturates, Valium, Xanax, Ativan

- How tall are you ? inches
- What was your lowest weight in the past 3 months ? lbs

IS PATIENT'S WEIGHT LOWER THAN THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT ? SEE TABLE BELOW NO YES → **M**

FEMALES	4'10	4'11	5'0	5'1	5'3	5'4	5'5	5'6	5'7	5'8	5'9
Weight (lbs)	85	86	87	89	94	97	99	102	104	107	110
MALES	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'	6'1
Weight (lbs)	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 within a **2-hour** period ? NO YES → **N**
- In the last **3 months**, did you have eating binges as often as twice a week ? NO YES → **N**
- Have you worried **excessively** or been anxious about several things over the past 6 months ? NO YES → **O**