

### 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 <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> |
| Serious injury/hospitalization in last 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:                   |                |                            |  |
| Currently taking any prescription medications? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what:                        |                |                            |  |
| Any disability/chronic illness (diabetes, hypertension, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:     |                |                            |  |
| Does inmate appear to be under the influence of alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 |
|--|-----|----|-------------------------|
| <b><i>IF YES TO 1a, 1b, 1c, or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY</i></b>                      |     |    |                         |
| 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<br>Date and Time:<br>Electronic or Written (Circle) | Mental Health Notification<br>Date and Time: | Medical Notification<br>Date and Time: |
| Supervisor Signature, Date and Time:  |  |  |