Section 1

Name: ____________________________________________
Detainee #: __________________________
Date: ___ / ___ / ______
Time: ______ AM
First MI Last

Section 2

<table>
<thead>
<tr>
<th>Questions</th>
<th>No</th>
<th>Yes</th>
<th>General Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you currently feel that other people know your thoughts and can read your mind?</td>
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<tr>
<td>3. Have you currently lost or gained as much as two pounds a week for several weeks without even trying?</td>
<td></td>
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<td></td>
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<tr>
<td>4. Have you or your family or friends noticed that you are currently much more active than you usually are?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you currently feel like you have to talk or move more slowly than you usually do?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Have there currently been a few weeks when you felt like you were useless or sinful?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are you currently taking any medication prescribed for you by a physician for any emotional or mental health problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Have you ever been in a hospital for emotional or mental health problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 3 (Optional)

Officer’s Comments/Impressions (check all that apply):

- Language barrier
- Under the influence of drugs/alcohol
- Non-cooperative
- Difficulty understanding questions
- Other, specify: __________________________________________

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

- Not Referred

- Referred on ___ / ___ / ______ to ____________________________

Person completing screen ____________________________________

INSTRUCTIONS ON REVERSE

INSTRUCTIONS FOR COMPLETING THE BRIEF JAIL MENTAL HEALTH SCREEN

GENERAL INFORMATION:

This Brief Jail Mental Health Screen (BJMHS) was developed by Policy Research Associates, Inc., with a grant from the National Institute of Justice. The BJMHS is an efficient mental health screen that will aid in the early identification of severe mental illnesses and other acute psychiatric problems during the intake process.

This screen should be administered by Correctional Officers during the jail’s intake/booking process.

INSTRUCTIONS FOR SECTION 1:

- **NAME:** Enter detainee name — first, middle initial, and last
- **DETAINEE #:** Enter detainee number.
- **DATE:** Enter today’s month, day, and year.
- **TIME:** Enter the current time and circle AM or PM.

INSTRUCTIONS FOR SECTION 2:

**ITEMS 1-6:**

Place a check mark in the appropriate column (for “NO” or “YES” response).

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check “NO” or “YES.” Instead, in the General Comments section, indicate REFUSED or DON’T KNOW and include information explaining why the detainee did not answer the question.

**ITEMS 7-8:**

ITEM 7: This refers to any prescribed medication for any emotional or mental health problems.

ITEM 8: Include any stay of one night or longer. Do NOT include contact with an Emergency Room if it did not lead to an admission to the hospital.

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check “NO” or “YES.” Instead, in the General Comments section, indicate REFUSED or DON’T KNOW and include information explaining why the detainee did not answer the question.

**General Comments Column:**

As indicated above, if the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check “NO” or “YES.” Instead, in the General Comments section, indicate REFUSED or DON’T KNOW and include information explaining why the detainee did not answer the question.

All “YES” responses require a note in the General Comments section to document:

1. Information about the detainee that the officer feels relevant and important
2. Information specifically requested in question

If at any point during administration of the BJMHS the detainee experiences distress, he/she should follow the jail’s procedure for referral services.

INSTRUCTIONS FOR SECTION 3:

**OFFICER’S COMMENTS:** Check any one or more of the four problems listed if applicable to this screening. If any other problem(s) occurred, please check OTHER, and note what it was.

REFERRAL INSTRUCTIONS:

Any detainee answering YES to Item 7 or YES to Item 8 or YES to at least two of Items 1-6 should be referred for further mental health evaluation. If there is any other information or reason why the officer feels it is necessary for the detainee to have a mental health evaluation, the detainee should be referred. Please indicate whether or not the detainee was referred.