

## BEHAVIORAL HEALTH PRE-SCREENING

S/M Name \_\_\_\_\_ Rank \_\_\_\_\_ Unit/Commander \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_

### Prescreening Questions

Rating Scale: (0) Not At All (1) Several Days (2) More Than Half the Days (3) Nearly Every Day

\*\* Please briefly comment on 2's and 3's

In the last 60 days:

- |   |     |   |   |    |
|---|-----|---|---|----|
| 1. Do you have any difficulties with sadness or a depressed mood?   | 0   | 1 | 2 | 3  |
| 2. Do you struggle with any anxiety or worry?   | 0   | 1 | 2 | 3  |
| 3. Are you having considerable stress that is hard to manage?   | 0   | 1 | 2 | 3  |
| 4. Are you struggling to cope <b>now</b> from past traumatic experiences?   | 0   | 1 | 2 | 3  |
| 5. Have you recently gone through difficult life changes?   | 0   | 1 | 2 | 3  |
| 6. Are you having relationship difficulties in your life (marital, affairs)?  | 0   | 1 | 2 | 3  |
| 7. Have you ever seen a counselor, social worker or psychiatrist?   | Yes |   |   | No |
| 8. Are you taking any medications for behavioral health reasons?  | Yes |   |   | No |
| Please list: _____  |     |   |   |    |
| 9. In the last 30 days, have you had any thoughts that you would be better off dead or of hurting yourself in some way? | Yes |   |   | No |
| 9a. If yes, are you presently having thoughts of suicide?   | Yes |   |   | No |

## INSTRUCTIONS FOR COMMAND

### Scoring:

Add the numerical values of the answers together for question 1-6. A behavioral health referral is recommended for soldiers whose answers to these questions total 9-18. A behavioral health referral is not recommended for soldiers whose answers total 0-8.

If the soldier indicates that they are presently taking behavioral health medication, please refer the soldier to behavioral health.

To make a behavioral health referral, please have the soldier sign the attached release of information and scan and email the ROI and the questionnaire to your behavioral health coordinator. The behavioral health coordinator will contact the soldier, assess the need for formal behavioral health support and provide the appropriate referrals for therapeutic services.

If the soldier answers yes to question 9, contact your behavioral health coordinator or the WVARNG crisis line immediately.

If the soldier answers yes to 9a, please escort the soldier to the nearest emergency room and contact the behavioral health crisis line.

### Unit Coverage Info:

Northern West Virginia: Ashlee Walls, MA, LPC 304-553-6395      ashlee.e.walls.ctr@mail.mil  
Central West Virginia: Amy Thomas, MA, LPC 304-549-0906      amy.r.thomas20.ctr@mail.mil  
Southern West Virginia: JoAnna Scheidler, Ph.D. 304-552-0615      jo.a.scheidler.ctr@mail.mil

**WVARNG 24/7 Crisis Line 304-561-6640**

