

OKLAHOMA DEPARTMENT OF CORRECTIONS
Group Administered Mental Health Questionnaire

MRSA 140201.01.1

(R- 7/10)

Name: _____ DOC #: _____ Reception Date: _____

Age: ____ Married: Yes / No Children: ____ Highest Grade Completed: ____ GED: Yes / No College: Yes / No Vo-Tech: Yes / No

Work History / Skills: _____ County in which you received charges: _____

INSTRUCTIONS: For each question, circle the correct answer.

1. I have taken medicine or received counseling for mental health reasons:
Never / 5 or more years ago / Between 1 and 5 years ago / During the past year
2. I have been in counseling or taken medicine for one of the following reasons: (circle all that apply)
Never / Depression / Anxiety (stress, bad nerves) / Anger management / Suicidal thoughts / Hearing voices / Hallucinations
3. I have been a patient in a mental hospital for psychiatric problems.
Never / Once / Two or three times / Several times
4. I have intentionally cut, hurt or tried to kill myself.
Never / Once / Two or three times / Several times
5. One or more of my family members have attempted or committed suicide. Yes / No
6. One of more family members have or have not had a serious mental illness. Yes / No
7. Over the past few days, I have been thinking seriously about committing suicide.
Never / Sometimes / Frequently
8. The last time I drank alcohol was: _____ (give approximate month or year)
9. Based on the choices listed below, which one is the closest to how often you drink alcohol / liquor.
Never / Almost every day / Weekends / Once per week (or less) / Once per month (or less)
10. Based on the choices listed below, which is the closest to how much you drink each time you drink.
Never / 1 to 2 glasses or bottles / 3 to 5 glasses or bottles / Once per 6 to 12 glasses or bottles / More than a 12 pack / Drink till drunk
11. I have been to inpatient, outpatient, or DOC treatment for alcohol problems.
Never / Once / Two or three times / Several times
12. During the past 5 years; I used: (circle all that you use regularly and draw a line to how often you used the drug)
None Marijuana Ecstasy Cocaine (crack) Heroin PCP "Pills" Methamphetamines / Crank Other illegal drugs (name):
Almost every day 2 to 4 days per week Once per week (or less) Once per month
13. The last time I used illegal drugs was: _____ (give approximate month or year)
14. I have been to inpatient, outpatient or DOC treatment for drug problems.
Never / Once / Two or three times / Several times
15. I have been arrested for drug or alcohol related offences.
Never / Once / Two or three times / Several times
16. I have lost or quit jobs due to my drug or alcohol problems.
Never / Once / Two or three times / Several times

DO NOT WRITE BELOW THIS LINE

Culture Far Score: _____

Refer to QMHP for Level II Interview Yes / No

Comments: _____

QMHP Signature/Title: _____ Date: _____