

## APPENDIX I

### Some Sample Psychiatric Screens for Medical Students

Interviewing skills remain at the very core of an effective doctor-patient relationship. The following screening questions may facilitate the medical student's inquiry about sensitive issues. Some of the screens are useful regardless of a particular clinical setting. Others may have greater relevance for a specific setting, for example, in the emergency psychiatry, outpatient and inpatient sites (4).

Seven questions about which the medical student should obtain information

from any psychiatric patient in the evaluation interview:

1. Why is the patient presenting now?
2. What does the patient want/expect from the visit?
3. Is a general medical illness contributing to the patient's behavioral or emotional problems?
4. How lethal is the situation regarding suicidality, homicidality and abuse of others?
5. In what ways are the patient's relationships helping or impeding the problem?
6. What are the patient's cultural expectations, explanations and treatments for their illness?
7. What is the patient's psychiatric diagnosis?

### Sample psychiatric screens

#### *1. The Mini-Mental State Examination*

- a. This is only a test of cognitive functioning, not a substitute for a

comprehensive mental status examination.

**2. *Alcohol and drug abuse screen***

- a. Have you ever had a drinking or drug problem? (70% of alcoholics and 1% of nonalcoholics answer YES to this question).

**3. *The CAGE Test***

- a. Have you ever felt you ought to *Cut* down on your drinking?
- b. Have people *Annoyed* you by criticizing your drinking?
- c. Have you ever felt bad or *Guilty* about your drinking?
- d. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover that is, an *Eye* opener?

(A positive answer on two or more will identify the majority of people with alcohol abuse or dependence)

**4. *Drug and tobacco screen***

- a. When is the last time you used any illicit drug or tobacco?
- b. How much are you using now?
- c. What was the most you ever used?
- d. Have you used any other forms of tobacco (chew, cigarettes, cigars, pipes)?

**5. *Sexual screen***

- a. Are you sexually active at the present time? If NO, have you ever been?

- b. Are (were) your partners men, women, or both?  
If BOTH. which do you prefer?
- c. What means of birth control do you (have you) use (d)?  
(ask both males and females)
- d. Do you have any concerns or problems with your sexual life?
- e. Have there been any changes in your sexual activity?
- f. Changes in level and frequency of interest? Changes in type of interest?
- g. Do you or have you ever engaged in anal intercourse?
- h. Are there any ways in which you would like your sexual life to be different?
- i. Have any bad or frightening things ever happened to you sexually? For example: rape, sexual abuse, or molestation?
- j. Have you had any sexually transmitted diseases such as herpes?
- k. Chlamydia, gonorrhea, syphilis, or AIDS?
- l. Have you ever been treated for a sexually transmitted disease?

**6. *HIV risk factors***

- a. Do you worry about getting AIDS? Why? or Why not?
- b. Do you practice safe sex? (Explain the concept if needed)
- c. Have you ever injected (or shot up) drugs into your veins?
- d. Have you ever had sexual contact with another person, man or woman who used IV drugs?
- e. How many sexual partners have you had in the last 10 years?

**7. *Suicide and violence screens***

- a. Have you ever had thoughts that life is not worth living?
- b. Have you ever had thoughts of killing yourself? Are you having these thoughts now?
- c. How would you do it?
- d. Have you taken steps to carry out your plan? (collected weapons, pills, poisons, etc.)
- e. Have you ever had thoughts of hurting anyone else? Are you having these thoughts now and how would you do this?
- f. Have you ever hurt anyone else?

**8. *Screens for family violence - child abuse***

- a. How did you feel during your or your partner's pregnancy?
- b. Has your child lived up to your expectations?
- c. At what age do you think children know right from wrong? (Abusers often have unrealistically high expectations of children)
- d. How do you feel when your child behaves badly? What do you do? Is there anyone you can turn to for help?
- e. Have you ever been concerned that anyone would hurt your child? Have you been frightened with thoughts of hurting your child? Have you or anyone else hurt your child?

**9. *Sexual abuse victims***

- a. Are there things going on in your home that you are uncomfortable with or ashamed to talk about?
- b. Has there been any sexual contact between family members in your home (besides your parents)?
- c. Have you been involved sexually with any adult, including either of your parents?

**10. *Partner/elder abuse victims***

- a. Is your family under a lot of stress?
- b. What happens when you and your partner argue?
- c. Do either of you have trouble with your temper?
- d. Have you ever fought physically with your partner? If so how badly have you or your partner been hurt?
- e. Is there a weapon in the house?
- f. Are you afraid to go home?

***Abuse history***

- a. How were you disciplined as a child?
- b. Did you ever witness any violence in your home as you were growing up?
- c. Did a family member ever physically hurt you?
- d. During your childhood or adolescence did a relative, family friend or stranger ever touch your body, or have you touch them, in a sexual way?

- e. Did anyone attempt or succeed in having sexual intercourse with you?
- f. Did you ever have an unwanted sexual experience of any kind?

***Screen for sleep disorders***

- a. Are you content with your sleep pattern?
- b. Are you excessively tired during the day?
- c. Does your bed partner complain about your sleep pattern?

***Screen for depression***

- a. How would you describe your mood?
- b. In the past month, have you felt down, depressed, or hopeless most of the day nearly every day?

If yes: Describe what that is like for you. Do you feel that way now?

- c. How long have you felt depressed?
  - 1) If no: When did you last feel down, depressed, or hopeless?
  - 2) How long did you feel depressed?

***Screen for eating disorders***

- a. Have you lost or gained weight in the last year? How much?
- b. How many times have you started a diet in the last year?
- c. Have you ever felt that your eating was out of control? Have you gone on eating binges?
- d. Have you ever vomited or spit out food after eating to get rid of it?

- e. Have you ever used diuretics or laxatives? How often?
- f. Have people ever criticized you about being too thin?

***Screen for psychosis***

- a. Have you ever had trouble with your thinking?
- b. Has your thinking ever been so confused that you lost track of your ideas?
- c. Have any of your thoughts seemed frightening or disturbing to you?
- d. Have you ever felt like people were watching or following you? Or that they wanted to hurt you?
- e. Have your eyes or ears ever played tricks on you?
- f. Have you ever had the experience of hearing a voice when nobody else was around, or of seeing things that weren't there?