## HOME Clinic Screen for Psychology

Student read to consumer: "These questions are meant to help the supervising doctor determine if you need extra help getting services for mental health issues. We will give you resources if you need them once we speak with our preceptor about your answers. We are not providing you with treatment, just trying to figure out if there is a problem."

| 1. Have you ever been hurt, hit, injured, or assaulted by a partner in a romantic relationship?   |
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| No. (Student, proceed to question 2).   |
| Yes (Student, proceed to Domestic Violence Questionnaire and seek preception).  |
| 2. Have you ever been in trouble for drinking?  |
| O No. (Student, proceed to question 3).   |
| Yes (Student, proceed to AUDIT questionnaire and seek preception).  |
| 3. Have you ever been so sad, depressed, or feel like you don't enjoy anything anymore?   |
| No. (Student, proceed to question 4).   |
| Yes (Student, proceed to PHQ-9 questionnaire and seek preception).  |
| 4. Have you ever felt so nervous, anxious or worried that you feel out of control?  |
| O No. (Student, proceed to question 5).   |
| Yes (Student, proceed to GAD-7 questionnaire and seek preception).  |
| 5. Have you ever felt like your feelings or behaviors are out of control, or you feel like you don't need sleep for more than 4 days, or feel like you can't turn yourself off? |
| ○ No. (Student, seek preception on this form)   |
| Yes (Student, proceed to MDQ questionnaire and seek preception).  |
| Preceptor: by signing this document, you acknowledge that the HOME student spoke with you about the results and the appropriate steps were taken.  Preceptor Signature:         |
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