

## **Instructions for Using Co-occurring SSI Screening Form**

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This screening tool, like all screening tools, is *not* an assessment instrument. It is designed to be used to identify the potential for determining whether or not to assist someone to apply for SSI/SSDI.

This is an interview tool to be administered by a case manager or other staff, not one that should be handed to someone to complete on his/her own. As you use this screening tool, you should be careful to ask follow-up questions, if needed, and to note whether or not the person's answers seem to match what is observed.

Examples:

- ♦ An individual states that s/he never hears noises or voices but spends time talking to someone who is not in the room.
  
- ♦ Individual answers “rarely” to questions on depression but appears sad and tearful. A follow-up question might be: “Joe, you look sad to me and you are crying. Do you think you are feeling sad and it’s just hard to say?”

It is best to err on the side of assisting someone with an SSI/SSDI application rather than not. Answers to the screening tool questions can help case managers identify areas that may need further development and assessment. For example, suppose medical records do not identify a history of head trauma, but one learns that the individual has experienced a number of incidents of head trauma or “brain hurt.” This would need further assessment before a claim is submitted.

Questions about any of the responses or the assessment of feasibility for a potential applicant should be sent to your state or local SOAR team lead, Susanna Birdsong, 919-755-4393, [soar@ncceh.org](mailto:soar@ncceh.org).

**INSTRUCTIONS TO BE READ TO THE APPLICANT:** This screening tool is to help us know how best to assist you. We ask that you answer the questions as best you can and as honestly as possible. These questions will not determine whether or not you are eligible for SSI and/or SSDI. They will help us know if there is additional help we need to provide to understand your experiences and your potential eligibility for our services to help apply for these benefits more fully. There is no right or wrong way to respond.

At the end of this screening, we will tell you the next steps we will take. Do you have any questions before we start?

Client Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone \_\_\_\_\_

Name of Case Manager \_\_\_\_\_

Agency \_\_\_\_\_

### Co-Occurring SSI Screening Form

Directions: Read each question below and the responses to the right exactly as they appear. Please check the box that indicates the extent of the symptoms or experiences.	0 Not at all	1 Rarely	2 Some- times	3 A Lot
<b>SYMPTOMS</b> Consider each symptom below over the past 3-6 months				
<b>Depression</b>				
1. Does your future seem lonely or hopeless?				
2. Do you feel you're not as good as other people?				
3. Do you feel sad or empty inside?				
<b>Anxiety</b>				
4. Do you feel tense, restless, nervous or upset even when not using drugs or alcohol?				
5. Do you feel fearful or afraid?				
6. Do you feel like you worry a lot?				
<b>Psychosis:</b> When not using drugs or alcohol...				
7. ...do you hear noises or voices that other people say they don't hear?				
8. ...do you believe others are against you or are watching you?				
9. ...do you feel out of touch or very different from other people?				
10. ...do you feel as if someone or something else controls you or your thoughts?				
<b>Suicide history/thoughts<sup>1</sup></b>				
11. Do you feel life is not worth living or you're better off dead?				
12. Do you ever think about hurting or killing yourself?				
13. Have you ever tried to hurt or kill yourself?				
<b>Trauma</b>				
14. Are you jumpy or easily startled by noises or movements?				
15. Do you have nightmares or flashbacks of the same event over and over?				
16. Do you have periods of time in your life that you can't remember?				
17. Have you ever been through an event that involved a physical threat or harm to you?				
18. Do you ever feel numb, apart, or without much feeling at all?				
<b>Mania:</b> When not using drugs or alcohol...				
19. ...do you have feelings of being super up and full of energy?				
20. ...do your thoughts seem to race or go too fast?				

<sup>1</sup> ANY positive score on suicide history/thoughts requires immediate discussion with a supervisor. These questions address suicidal plans and thoughts. Immediate intervention may be required.

21. ...do you ever go without sleep because you have so much energy?				
22. ...do you act impulsively or without thinking?				
23. ...do you sometimes feel very powerful?				
24. ...do you move from task to task quickly, sometimes without finishing what you started?				

<b>EXPERIENCES</b> <i>READ: Consider each of the following experiences over your lifetime.</i>	<b>0</b> Not at all	<b>1</b> Rarely	<b>2</b> Some-times	<b>3</b> A Lot
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<b>Physical abuse</b>				
25. When you were growing up and did something that the folks who raised you didn't like, would they:				
a. Hit you?				
b. Send you to your room?				
c. Ignore it?				
d. Punish you in another way?				

<b>Sexual abuse</b>				
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26. When you were growing up, did an adult or someone else older touch you in a way that made you uncomfortable, or felt personal, or felt not right?				
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<b>Learning problems</b>				
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27. When you were growing up and in school, did you find that learning some subjects was pretty hard?				
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<b>Head injury/brain hurt</b>				
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28. Have you ever had times when you fell, were hit, or were in an accident or a fight and got knocked out?				
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<b>Employment problems</b>				
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29. Over the last year, did you try to work and found it hard to get a job?				
30. Over the years, have you had trouble getting or keeping a job?				
31. Over the years you have worked, have you found that you have many jobs that don't last very long?				

<b>UNSCORED QUESTIONS</b>				
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32. Do you currently use drugs or alcohol? Yes \_\_\_\_ No \_\_\_\_
33. Have you used drugs or alcohol in the past? Yes \_\_\_\_ No \_\_\_\_
34. Do you feel you have a problem with drug or alcohol use now or in the past? Yes \_\_\_\_ No \_\_\_\_

<p>35. Have you met with a psychiatrist, therapist, or anyone else regarding your mental health? Yes ___ No ___</p> <p>If yes, please list names and locations to the best of your knowledge _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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36. Are you currently prescribed any medications? Yes\_\_\_\_ No\_\_\_\_  
Please tell me the names of the medications? Don't know\_\_\_\_

37. What mental health diagnoses have you been given?

38. When is the last time you were able to work? \_\_\_\_\_  
Was this job part-time or full-time? PT\_\_\_\_\_ FT\_\_\_\_\_  
How long did you work at this job? \_\_\_\_\_  
Are you currently collecting unemployment? Yes \_\_\_\_ No \_\_\_\_  
If yes, how much per week? \_\_\_\_\_  
How does your mental health keep you from being employed? \_\_\_\_\_

39. Have you previously applied for Social Security benefits (SSI/SSDI)? Yes \_\_\_\_ No \_\_\_\_  
If yes, when did you apply? \_\_\_\_\_  
Did you receive assistance from anyone to complete your application? Yes \_\_\_\_ No \_\_\_\_

Thank you. That's all the questions I have for now. Do you have any questions? If you have anything else you feel necessary to share, please do so below.