

AC-COD SCREEN[©]

“I’m glad you called; let’s see how I can help. In your own words, what is going on, OR can you tell me a little about

why you called (today)?”

“In order to find the best services for you, I’d like to ask you a few short yes or no questions to see if there is anything

we may have missed. There are no, right or wrong answers and these questions may or may not apply to your situation.

Is this okay with you?”

Mental Health

Within the last 90 days (3 months) have you had a significant period in which you have:

- | | | | |
|----|---|-----|----|
| 1. | Experienced serious depression (felt sadness, hopelessness, loss of interest, change of appetite or sleep pattern, difficulty going about your daily activities)? | Yes | No |
| 2. | Experienced hallucinations (heard or seen things others don’t hear or see)? | Yes | No |
| 3. | Experienced thoughts of harming yourself? | Yes | No |
| 4. | Attempted suicide? | Yes | No |
| 5. | Been prescribed medication for any psychological or emotional problem? | Yes | No |

Domestic Violence

- | | | | |
|----|---|-----|----|
| 1. | Have you ever been afraid of your partner and/or a family member? | Yes | No |
| 2. | Have you ever been hit, slapped, kicked, emotionally or sexually hurt, or threatened by someone? | Yes | No |
| 3. | If you answered yes to questions 1 or 2, is the person who hurt or threatened you still a part of your life? | Yes | No |
| 4. | Have you ever used gestures, threats, and/or thrown or broken objects as a means to intimidate your partner or a family member? | Yes | No |
| 5. | Have you ever pushed, restrained, hit, slapped or used any other physical means to harm your partner or a family member? | Yes | No |

Trauma

- | | | | |
|--|---|-----|----|
| | Have you experienced a traumatic event and since had repeated nightmares/dreams and/or anxiety which interferes with you leading a normal life? | Yes | No |
|--|---|-----|----|

Substance Abuse

During the past year have you:

- | | | | |
|----|---|-----|----|
| 1. | Drank alcohol and/or used other drugs more than you intended? | Yes | No |
| 2. | Tried to stop drinking alcohol and/or using other drugs, but couldn’t? | Yes | No |
| 3. | Experienced problems caused by drinking alcohol and/or using other drugs, and you kept using? | Yes | No |
| 4. | Drank alcohol and/or used other drugs to alter the way you feel? | Yes | No |

5.	Been preoccupied with drinking alcohol and/or using other drugs?	Yes	No
6.	Needed to drink more alcohol and/or use more drugs to get the same effect you used to get with less?	Yes	No

INSTRUCTIONS FOR USING THE AC-COD SCREEN

Suggested introductory statement:

Start where the person is. Allow the person to explain why they called. “I’m glad you called (I am glad you came in) let’s see how I can help. In your own words, what is going on?” OR “Can you tell me a little about why you called (came in) today?”

Then, before doing any assessment administer the AC-SCREEN.

Make the following statement to begin the AC-SCREEN.

“In order to find the best services for you, I’d like to ask you a few short yes or no questions to see if there is anything we may have missed. There are no, right or wrong answers and these questions may or may not apply to your situation. Is this okay with you if I ask a few questions?”

- This screen should be utilized upon the initial contact/request for services.
- This screen is only to be used as a tool to identify potential problem areas which may need further assessment. Please note: **This is NOT a diagnostic tool and should not be used as an assessment.**
- Please read each question *exactly* as written in the *order* provided.

- If a potential crisis is identified during screening, please follow your agency protocols immediately to assess for lethality and provide appropriate intervention.
- If Domestic Violence Section items #4 and #5 are answered “yes”, advise the primary clinician of the need for further assessment, referral, and/or intervention for perpetrators of domestic violence.
- Positive indicators (“YES” answers), in any domain requires additional assessment(s) to determine service needs.

Note: This screen is copyrighted. Anyone or any agency can use it without charge or permission from the authors. It should not be commercialized or sold by any party under any conditions. For information on the procedure and statistical test of reliability, send your request to Andrew L. Cherry, Endowed Professor of Mental Health, University of Oklahoma, Tulsa Campus, 4502 E. 41st Street, Suite 3J08, Tulsa, OK 74135-2512, or call 918-660-3363.