

Co-Occurring Disorders Screening Instrument for Severe Mental Disorders (CODSI-SMD)

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INSTRUCTIONS FOR RESPONDENT: This is a very brief form in which I am going to ask you some questions about how you have been feeling emotionally and mentally at different times in your life. For all of these questions just answer either "YES" or "NO".		
1. Have you felt sad, low, or depressed most of the time for the past two years?	YES	NO
<i>This question is in 2 parts:</i> 2a. Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself? <i>If answered YES proceed to question 2b. If answered NO, circle NO to 2b and skip to question 3.</i>	YES	NO
2b. Did you ever attempt to kill yourself?	YES	NO
3. Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything?	YES	NO

Scoring Instructions:

All NO responses are scored 0. All YES responses to questions 1, 2b, and 3 are scored 1.

1 _____
 2b _____
 3 _____

Total: _____ *

*Total the scores for questions 1, 2b, and 3: A score of two or higher indicates that the respondent should be referred for further mental health assessment for a severe mental disorder.