

**OVERSEA SCREENING  
MENTAL HEALTH HISTORY**

(To be completed by Active Duty and Family Members)

**NAME** \_\_\_\_\_ **SSN** \_\_\_\_\_ **STATUS** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DIRECTIONS:** All active duty personnel and all family members must fill out this form. Briefly explain any **YES** responses.

1. Have you ever seen a mental health professional or other counselor for treatment? Y N NA

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2. Have you ever taken medications such as Zoloft, Prozac, Flexitin etc for an emotional or medical condition? Y N NA

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3. What is your current use of alcohol? (Per week/month and number of drinks)

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4. Is there any history of psychological or alcohol problems with you or your family? Y N NA

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5. Have you ever been treated for alcohol problems or been to alcoholics anonymous? Y N NA

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6. Were you abused emotionally, sexually or physically as a child?  
Y N NA

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7. Have you been in an abusive relationship as an adult? Y N NA

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8. What are the major stresses right now?

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9. Have you ever felt stressed or overwhelmed to the point of having suicidal or homicidal thoughts? Y N NA How recently? \_\_\_\_\_

10. Would you or your immediate family answer yes to question 9?  
Y N NA  
Who? \_\_\_\_\_