

IDS screening survey

Name/Rank: _____

Squadron: _____

Work Phone: _____

Name of Screener: _____

Collect the 2-sided post-deployment survey from the returning member. Each member should then be screened individually by an IDS member with the following screening assessment.

The following questions are a brief screening for Acute Stress/PTSD and should be read to the member by the IDS team member. Please DO NOT give this form to the member.

Please ask the member to expand on any YES response and record their response.

Have you had any experience that was so frightening, horrible, or upsetting that, in the past month, you...

1. Have had nightmares about it or thought about it when you did not want to?

YES NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

YES NO

3. Were constantly on guard, watchful, or easily startled?

YES NO

*Do not mark yes to this question if the member explains that they were in a situation during which being "on guard" would be a normal response (e.g., patrolling perimeters, etc.)

4. Felt numb or detached from others, activities, or your surroundings?

YES NO

If the member responds with a YES to any two of these questions please have the Life Skills provider screen them prior to having them leave.

Does member desire a f/u appt with a Life Skills provider?

YES NO

If YES, what contact number: _____

SIGN their Reintegration Processing Checklist when completed

This form should be returned to Life Skills provider.