Padhar Community Mental Health Screening Instrument (PaCoMSI)

- **Interview the head of the family**. If not possible, any responsible family member can be interviewed (preferably the next senior most after the head).
- Questions apply to the **ENTIRE FAMILY living in the same cluster of villages, not just those living in his/her house.**

Name of the village:				Name of inter-viewer?		
Name of the person interviewed:				Position in family:		
Name of the head of the family:				Occupation of head of family:		
Number in house	Total:		Males:		Females:	
Religion			Ethnicity			

	Screening questions:	*Screening for*
1	Does anybody you know in the family talk to himself, smile to himself, laugh without reason or talk "like a mad person"? ☐ Yes ☐ No Name if yes:	*Psychosis*
2	Does anyone in the family unnecessarily or unreasonably have suspicions or doubts against others? ☐ Yes ☐ No Name if yes:	*Psychosis*
3	Is there anybody in the family who becomes uncontrollably violent or excessively angry/excited, or becomes ver-bally or physically assaultive, or wanders about the village unnecessarily? ☐ Yes ☐ No Name if yes:	*Psychosis/mania*
4	Is there anybody in the family who neglects his or her personal hygiene and does not do any work for the entire day for many days? ☐ Yes ☐ No Name if yes:	*Psychosis/depression*
5	Is there anyone in the family who cries all the time, feels sad or looks dull, lacks energy or has no interest in activi-ties/work for 2 weeks or more? ☐ Yes ☐ No Name if yes:	*Depression*
6	Is there anyone in the family who says he or she wants to die or has attempted suicide in the past? ☐ Yes ☐ No Name if yes:	*Suicide*
7	Is there anyone in the family who suffers from "tension", or repeats the same action several times and finds it dif-ficult to stop? Or has recurrent headaches or is unable to sleep well for several days? ☐ Yes ☐ No Name if yes:	*Anxiety/OCD*
8	Is there anyone in the family with demon/ghost/spirit possession or related problems? ☐ Yes ☐ No Name if yes:	*Local cultural expres-sion of ?mental illness*
9	Is there anyone in the family with epilepsy/seizures? ☐ Yes ☐ No Name if yes:	*Seizures*
10	Is there anyone in the family who has had any of the above problems at any time in the past, or keeps getting them again and again? ☐ Yes ☐ No Name if yes:	-
11	Is there anyone in the family who has ever been evaluated or treated by a psychiatrist anywhere? ☐ Yes ☐ No Name if yes:	-
12	Is there anyone in the family who FROM BIRTH OR FROM VERY EARLY AGE has had delayed speech or no speech, or delayed walking, or cannot perform activities as should be expected for his age or has had poor academic per-formance compared to others of his age? ☐ Yes ☐ No Name if yes:	*Developmental delay*