

Screening for Mental Health: Alcohol, Depression, Eating Disorders (outstanding anonymous assessments)

Name: [Guest Account](#)

Start Time: Mar 04, 2002

Time Allowed: 1 day

Number of Questions: 1

Finish

Help

Welcome to the link to "Screening for Mental Health."

The goal of this site is to educate you about the signs of depression, misuse of alcohol and eating disorders. In addition, if necessary, we want to let you know how to get help on or off campus for yourself or a friend.

Please note that these screenings are informational, not diagnostic. Your screening scores (not known/anonymous to us) indicate whether your responses on the questionnaires are consistent with symptoms of depression and/or manic-depression, alcohol dependence, or eating disorders. Based on those results, the mental health resources listed will allow you to get help for yourself or a friend.

Click on the link to go to the secure online web site for [Screening for Mental Health](#)

Question 1 (0 points)


Please click on the link to "Screening for Mental Health."

If you have time after taking the screenings, please come back and tell us about your experience in the box below.

Write your experience with Screening for Mental Health

Save answer

Finish

There have been  visits to this WebCT page since November 5, 2000.



Screening for Mental Health Online Screening Program

Screening Selection

You will have the opportunity to take a screening test for depression/manic-depression, alcohol problems, and eating disorders. Since people can suffer from these disorders at the same time, or one can cause symptoms that seem like the other, you may want to take all of the screenings offered. Each screening will take between 4 and 5 minutes to complete.

At the end of each screening you will receive an immediate result that can be printed and taken to a clinician or healthcare provider for further evaluation. A screening test is not a substitute for a complete evaluation but it can help you learn if your symptoms are consistent with depression/manic-depression, an alcohol problem, or an eating disorder and where to call for help.

This program is designed for individuals aged 17 and above.

The online screening is completely confidential. We do not collect any unique identifying information such as names, email addresses or IP addresses. Neither SMH nor the sponsoring organization can view your individual results. For more information see the [SMH privacy policy](#).

[Take the Depression / Manic-depression Screening >>](#)

[Take the Alcohol Screening >>](#)

[Take the Eating Disorders Screening >>](#)

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SMH Online Screening Program

Alcohol Screening

Alcohol Screening: Results & Recommendations

Your screening results are consistent with symptoms of alcohol dependence or abuse. However, this screening is not a substitute for a complete clinical evaluation. It is recommended that you see a health professional immediately for a complete evaluation.

Thank you for completing the screening tool. To schedule a follow-up meeting with a Cal Poly Pomona counselor, which will include a confidential discussion of screening results and available resources, please call us at:

**CPP Counseling & Psychological Services:
909-869-3220**

Other resources and for concerns when Counseling & Psychological Services is not open:

**Azusa Pacific University Community Counseling Center
626-815-5421**

**Charter Oak Hospital Referral Line
800-654-2673**

**Santa Anita Family Services
Monrovia (626) 359-9358
Covina (626) 966-1755**

**Tri-City Mental Health
2008 N. Garey Ave.
Pomona, CA 91767
909-623-6131**

Services for residents of Pomona, Claremont and La Verne. You will need proof of residence and income (e.g., paycheck, SSI).

**Click on the link to go to web sites recommended by Cal Poly Pomona's Counseling & Psychological Services
You can find more information at CPP Counseling & Psychological Services: <http://www.csupomona.edu/~caps>.**

The questions you responded to are presented below with your answers. You may wish to print this page to share with your healthcare provider to discuss your specific symptoms. Note: To print this page, choose "Print" in your browser's "File" menu.

Your Screening Results

I am currently:

Part-time student

If enrolled in college, your involvement in athletics:

Recreational

If enrolled in college, are you a member of a:

Sorority

Marital Status:

Never married

I have received treatment for:

Manic-Depression

1. **How often do you have a drink containing alcohol?**
Two to four times a month
2. **How many drinks containing alcohol do you have on a typical day when you are drinking?**
5 or 6
3. **How often do you have four or more drinks on one occasion?**
Monthly
4. **How often during the last year have you found that you were not able to stop drinking once you started?**
Daily or almost daily
5. **How often during the last year have you failed to do what was normally expected from you because of drinking?**
Weekly
6. **How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?**
Daily or almost daily
7. **How often during the last year have you had a feeling of guilt or remorse after drinking?**
Weekly
8. **How often during the last year have you been unable to remember what happened the night before because you had been drinking?**
Monthly
9. **Have you or someone else been injured as a result of your drinking?**
Yes, but not in the last year
10. **Has a relative or friend or a doctor or other health care worker been concerned about your drinking or suggested you cut down?**
Yes, but not in the last year
11. **Do you have a current injury that requires medical treatment?**
No
12. **If you have answered yes to "Do you have a current injury that requires medical treatment?," did you drink immediately prior to that injury?**
No
13. **Do you have a current illness that requires medical treatment?**
No
14. **If you answered yes to "Do you have a current illness that requires medical treatment?," do you think that alcohol use contributed to the illness?**
No
15. **Have you recently thought of or attempted suicide?**
No

Since people can suffer from more than one disorder at the same time, or one

can cause symptoms that seem like the other, you may want to take all screenings offered.

[Continue on to the Depression/Manic-Depression Screening >>](#)

[Continue on to the Eating Disorders Screening >>](#)

[Continue to the feedback section >>](#)

(Please complete all screenings before continuing to the feedback page.)

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