

ID #: _____

Start time: _____

DATE: ____ / ____ / ____

End time: _____

REFUGEE HEALTH SCREENING-1 (RHS-1)

Instructions: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."



SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling Restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

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14. Generally over your life, do you feel that you are:

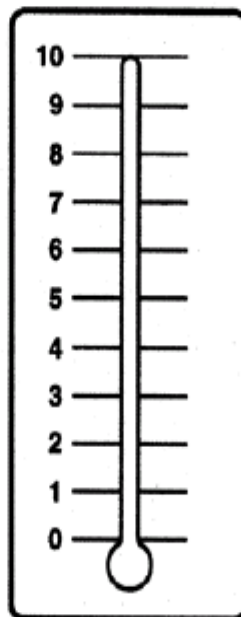
- Able to handle (cope with) anything that comes your way0
- Able to handle (cope with) most things that come your way1
- Able to handle (cope with) some things, but not able to cope with other things.....2
- Unable to cope with most things.....3
- Unable to cope with anything4

ADD TOTAL SCORE OF ITEMS 1-14: _____

15.

Distress Thermometer

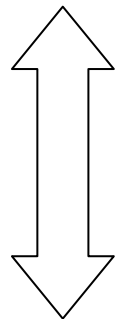
FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



Extreme distress

No distress

"I feel as bad as I ever have"



"Things are good"

SCORING

Screening is POSITIVE if:

1. Total score of items 1 to 14 is ≥ 12 AND/OR
2. Distress Thermometer is ≥ 5

Self-Administered: _____

Not Self-Administered: _____

CIRCLE ONE:

SCREEN NEGATIVE

SCREEN POSITIVE
REFER FOR SERVICES