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# Early Identification, Referral, Follow up, and Treatment Form – Screening (EIRFT-S)

**Directions:** The following information should be completed by a professional to document aggregate information about youths—aged 10–24— who were screened for suicide risk as part of your GLS Suicide Prevention Program. The grantee should complete this form for both group screening events and individual screenings. In the case of individual screenings, the grantee should sum the individual screening information and provide aggregate numbers in the form below on a monthly basis. As you complete the form, please note that all entries and descriptions of other should not use acronyms or any local terms; please be sure that you only select other when none of the available response options apply and that your descriptions of other be sufficient for someone who is not familiar with your program or community to interpret.

1. <b>Screening Identification (ID) Number:</b> <i>Unique ID created by grantee.</i>	
2. <b>Date of screening</b>	
3. <b>ZIP Code where screening took place</b>	
4. <b>Was this a group screening event or individual screenings?</b> <i>(i.e., were multiple youths screened at one time as part of a screening event, or was the screening administered to one individual at a time)</i>	<input type="radio"/> Group <input type="radio"/> Individual
5. <b>What screening tool was used?</b>	<input type="radio"/> Patient Health Questionnaire (PHQ-9) <input type="radio"/> Columbia Suicide Severity Rating Scale (CSSR-S) <input type="radio"/> Behavioral Health Screen (BHS) <input type="radio"/> Ask Suicide Screening Questions (asQ) <input type="radio"/> Beck Depression Inventory (BDI) <input type="radio"/> Suicide Behaviors Questionnaire (SBQ-R) <input type="radio"/> Screening Tool in Signs of Suicide (SOS) <input type="radio"/> SAFE-T

	<input type="radio"/> Patient Safety Screener (PSS-3) <input type="radio"/> Locally developed screening tool <input type="radio"/> Other, please specify:
6. <b>Where did the screening take place?</b>	<input type="radio"/> School or school-based health clinic <input type="radio"/> College or university <input type="radio"/> Mental health (MH) agency (e.g., private MH provider, psychiatric hospital, outpatient clinic) <input type="radio"/> Social Service agency (e.g., child welfare, supportive housing) <input type="radio"/> Juvenile justice/criminal justice agency (e.g., pretrial services, mental health court) <input type="radio"/> Physical health agency (e.g., primary care, pediatrician, emergency department, hospital) <input type="radio"/> Community-based organization, recreation or afterschool activity (e.g., Boys & Girls club, faith-based organization) <input type="radio"/> Law Enforcement Agency <input type="radio"/> Other, please specify:
7. <b>Was this screening virtual or in person?</b>	<input type="radio"/> Virtual <input type="radio"/> In Person
8. <b>Who was screened?</b>	<input type="radio"/> All youth in attendance (e.g., all youth coming to a primary care provider's office) [Go to 10] <input type="radio"/> Youth meeting particular criteria [Continue to 9a]
	a. Please describe the criteria used (e.g., youth with suicide attempt history, youth in high-risk demographic categories)
9. <b>Please indicate the unduplicated count of number screened</b> (i.e., the number of youth who took the screening questionnaire):	
10. <b>Please indicate the unduplicated count of number screened positive:</b> <i>Screen positive on the screening questionnaire and/or Self-identify at any point during the screening process</i>	

11. **Please indicate the number of youths screened in the following gender categories.** Numbers should sum to the total number of youth screened, since each individual screened should fall under a single gender category.

Gender	Count
Male	
Female	
Transgender (Male to Female)	

Transgender (Female to Male)	
Gender non-conforming	
Other, please specify:	
Information on gender is missing	

12. Please indicate the number of youths screened in the following age categories. Numbers should sum to the total number of youths screened, since each individual screened should fall under one of the below age categories.

Age	Count
Under 10	
a. 10- 15	
16- 20	
21- 24	
Information on age is missing	

13. Please indicate the number of youths screened in the following single race/ethnicity categories. Numbers should sum to the total number of youths screened, since each individual screened should fall under one of the below single race/ethnicity or multiple race/ethnicity categories.

Individuals of a single race:	
Race	Count
American Indian or Alaska Native	
Asian	
Black	
Hispanic/Latino	
Middle Eastern or North African	
Native Hawaiian or Pacific Islander	
White	
Other; please specify:	
Individuals of more than one race:	
American Indian or Alaska Native and Black or African American	
American Indian or Alaska Native and White	
Asian and White	
Black or African American and Asian	
American Indian or Alaska Native and Black or African American	
American Indian or Alaska Native and White	
Asian and White	
Black or African American and Asian	
Black or African American and White	
Native Hawaiian or Other Pacific Islander and White	
Individuals reporting multiple races not included above	
Information on multiple races is missing	