



**HEALTH AND FAMILY WELFARE DEPARTMENT
GOVERNMENT OF SIKKIM
GANGTOK, SIKKIM**

No: / /H&FW

Dated: /05/2020

Screening Instrument of Clinical Schedule for Clinical Psychiatry Ver 2.3

(The instrument can be used by any front line medical professional. The instrument has the advantage of being brief, hence saves time and reduces the risk of prolonged exposure. It can also be used for telemedicine consultation). The screening questions are as follows:

Interviewer Name: _____

Name _____ Age _____ Gender: Male/Female/Other

Occupation _____ Education _____ Marital Status _____

1. How is your sleep?	Normal/Disturbed
	If YES to any, consider possibility of Alcohol Use Disorder**
	If YES to any, consider possibility of Panic Disorder**
	If YES to any, consider possibility of Generalized Anxiety
	If YES to any, consider possibility of Depressive Disorder**

15. ASK caregiver: In the past few weeks, have you found him to be unusually suspicious of others or reporting hearing of voices or seeing vision?	YES/ NO	If YES to any, consider possibility of Psychotic Disorder—Referral to

***For management of the disorders assessed (alcohol/tobacco use disorder; Panic Disorder; Generalized Anxiety Disorder, Depressive Disorder, suicidal, self-harm or aggressive behavior please refer to NIMHANS book for COVID 19.*