

Queens Screening Tool

Please complete the survey below.

Thank you!

Date _____

Defendant's name _____

NYSID _____

Referral Source

- Law Enforcement
- Defense
- DA
- Treatment
- Probation
- Parole
- Other Court (eg. town and village court or other treatment courts)
- Pre-trial Services
- Self-referral
- Other

Are you currently using illegal drugs?

- Yes
- No

List the kinds of drugs that you are currently using _____

Were any of the drugs listed as a narcotic?

- Yes
- No

Add 3 if Narcotic listed _____

Have you ever lost consciousness while using drugs or overdosed and had to be revived?

- Yes
- No

How many times

- Once
- Twice
- Three times
- Four times
- Five or more times

Score: Overdose _____

How many times have you been arrested in the past year? _____

How many times have you gone to the ER in the last six months? _____

Have you been diagnosed with a mental illness/mental health disorder? Yes
 No

Enter your diagnosis _____

Have you been prescribed medication for your diagnosis? Yes
 No

Do you take your medication? Yes
 No

Do not take medication _____

Total Score _____

Defendant is eligible for OAR if the total point value equals 4 or more

Defendant is Eligible and wants to participate
 Eligible and unsure of participation
 Eligible, but does not want to participate
 Not Eligible
 Refused to be Screened