

Modified Mini Screen (MMS) Scoring and Instructions

- Indicate if the client chose not to complete the MMS by marking “X” in the box below. Incomplete screenings should not be scored.

- **For the paper Mental Health Screening Questionnaire (LDSS 5009/5009 SP):** Total all “Yes” responses. For question 7, include in count if the client responds “Yes” to part (a) only or both (a) and (b). Record either a “Yes” or “No” response to Question 4.
Note: Unanswered questions should be scored as a “No”.

- **For the computer assisted MMS:** Record the score on the completion screen. Record either a “Yes” or “No” response to Question 4. (Indicated on the screen by a “Y” or “N” following the score.)

- If the MMS score is greater than or equal to the district cutoff score, the client must be referred for a mental health evaluation, consistent with district policy.

Client Name: _____

Worker Initials: _____

CIN: _____

Date: _____

Case Number: _____

CLIENT DID NOT COMPLETE SCREEN

Scoring

TOTAL NUMBER OF “YES” RESPONSES _____

“YES” OR “NO” RESPONSE TO QUESTION 4? YES NO

District Cut Score: _____

Notes
