

Contact Information  
Phone: 866-385-0933  
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## PASRR Questionnaire for Individuals Known or Suspected of Having Serious Mental Illness (SMI)

Individual's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Complete the following questionnaire prior to referring to the PASRR Unit\*:

Has the individual required one more of the following in the past two years? Please indicate "Yes" or "No"	Yes	No
1. One or more psychiatric hospitalizations		
2. Psychiatric day treatment, respite or crisis stabilization; SECTION 12		
3. A residential treatment setting due to a mental disorder (SMI or DD)		
4. An intervention by housing or law enforcement officials due to a mental disorder		
5. Required support services to maintain functioning at home due to a mental disorder (PACE, CBFS, VINFEN, DMH CM etc.)		
6. Substance Abuse Intervention		
7. Interventions related to signs of impaired interpersonal functioning, including excessive irritability, fear of strangers or illogical comments		
8. Interventions related to signs of impaired concentration/task- difficulty concentrating, loss of interest, keeping pace		
9. Interventions related signs of impaired adaptability to change- threats against others, suicidal ideation/attempts, self-injurious		

Upon completion, please fax (508-856-7696) or secure email ([DMHPASRR@umassmed.edu](mailto:DMHPASRR@umassmed.edu)) the following documents to the PASRR Unit:

- 1) Completed PASRR Questionnaire;
- 2) Completed Preadmission Screening (Level I PASRR); and
- 3) Most Recent Psychiatric Evaluation.

*\*A NO answer to all 9 questions above means that PASRR criteria for SMI has not been met. A determination notice will be faxed to the screener listed below.*

Screener's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Screener's Printed Name: \_\_\_\_\_

Screener's Contact Information: Fax: \_\_\_\_\_ Telephone: \_\_\_\_\_