## PsySTART™ Mental Health Triage System

| | | |
|---|---|---|
| EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS | | |
| FELT OR EXPRESSED EXTREME PANIC? | | |
| FELT DIRECT THREAT TO LIFE OR SELF OR FAMILY MEMBER? | | |
| SAW/ HEARD DEATH OR SERIOUS INJURY OF OTHER? | | |
| MULTIPLE DEATHS OF FAMILY, FRIENDS OR PEERS? | | |
| DEATH OF IMMEDIATE FAMILY MEMBER? | | |
| DEATH OF FRIEND OR PEER? | | |
| DEATH OF PET? | | |
| SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER | | |
| TRAPPED OR DELAYED EVACUATION? | | |
| HOME NOT LIVABLE DUE TO DISASTER? | | |
| FAMILY MEMBER CURRENTLY MISSING OR UNAC-COUNTED FOR? | | |
| CHILD CURRENTLY SEPARATED FROM ALL CARETAKERS? | | |
| FAMILY MEMBERS SEPARATED AND UNAWARE OF THEIR LOCATION/STATUS DURING DISASTER? | | |
| PRIOR HISTORY OF MENTAL HEALTH CARE? | | |
| CONFIRMED EXPOSURE/CONTAMINATION TO AGENT? | | |
| DE-CONTAMINATED? | | |
| RECEIVED MEDICAL TREATMENT FOR EXPOSURE/ CONTAMINATION? | | |
| HEALTH CONCERNS TIED TO EXPOSURE? | | |
| NO TRIAGE FACTORS IDENTIFIED? | | |

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