

## MENTAL HEALTH SCREENING

*This is screening questionnaire is regarding mental health issues. Circle each question you feel is true..*

1. Do you feel on edge frequently?
2. Do you get sudden attacks of heart racing, sweating, shakiness, nausea and dizziness?
3. Have you experienced a panic attack?
4. Do you worry a lot that you might do something to make people think you are stupid or foolish?
5. Do you feel nervous in most social situations?
6. Are you fearful of asking a question when there are more than three people around?
7. Do you drink or use recreational drugs to relax or cope with your life?
8. Are family members worried about your use of alcohol or prescription drugs?
9. Do you spend too much money on the lottery or at casinos?
10. Do you have frequent headaches?
11. Do you get stomach or intestinal problems each week?
12. Do you feel tense much of the time?
13. Do you feel sad much of the time?
14. Do you feel hopeless about the future?
15. Have you ever considered or attempted suicide?
16. Do thoughts about a traumatic event frequently pop into your mind?
17. Do reminders of the traumatic event make you shake, sweat or experience a racing heart?
18. Do you try to avoid people, places or activities that would remind you of the event?
19. Do you worry obsessively about dirt, germs or chemicals?
20. Are there things you feel compelled to do things over and over?
21. Do you worry obsessively that you have forgotten to do something important?
22. Do you have difficulty completing projects?
23. Are you often accused of not getting things done?
24. Did you have issues as you were growing up, a)with academics in school or b)paying attention or c)staying in your seat or d)remembering and finishing your household chores?
25. When you were growing up, did someone intentionally hurt you physically?
26. When you were growing up, did someone older touch you in a sexual manner?
27. Were your basic needs ignored or forgotten (eating, clothing, bathing, medical care, etc).
28. Do you have trouble going to sleep?
29. Do you have trouble staying asleep?
30. Do you have trouble getting up?
31. Do you frequently think about the death of a loved one?
32. Do you often wish you could die?
33. Do you think you will never recover from the death of a loved one?
34. You used to be spiritual but no longer are.
35. You feel there is a higher power guiding your future.
36. You spend time reading, praying or meditating on spiritual issues.
37. You have stomachaches.
38. You have pain throughout your body
39. Your physical health has been poor throughout most of your life.

My Name: \_\_\_\_\_ Date \_\_\_\_\_