

# Mental Health Assessment

<b>Name:</b>		<b>Gender:</b>		
<b>Date of assessment:</b>		<b>Contact information:</b>		
<b>Instructions for use</b>				
Answer the following questions truthfully and to the best of your ability. This assessment is designed to help you gauge your current mental health and identify any potential areas of concern.				
<b>Current concerns</b>				
What are the primary reasons you are seeking help?				
How long have you been experiencing these concerns?				
<b>Emotional and psychological well-being</b>				
<b>Mood</b>				
Over the past two weeks, how often have you been bothered by any of the following problems?				
0 = Not at all   1 = Several days   2 = More than half the days   3 = Nearly every day				
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
<b>Thoughts</b>				
Have you had thoughts that you would be better off dead or of hurting yourself in some way?				
Never	Rarely			
Sometimes	Often			
<b>Physical health</b>				
Do you have any chronic physical health conditions? (e.g., diabetes, heart disease)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please specify:				
Are you currently taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list:				
Do you have any concerns about your physical health? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please specify:				

<b>Lifestyle and habits</b>			
<b>Sleep</b>			
How many hours of sleep do you usually get per night?			
Do you have trouble falling asleep, staying asleep, or waking up too early? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Substance use</b>			
How often do you consume alcohol?			
Never	Occasionally	Regularly	
Do you use recreational drugs?			
Never	Occasionally	Regularly	
<b>Exercise</b>			
How often do you engage in physical activity?			
Never	Occasionally	Regularly	
<b>Social and environmental factors</b>			
<b>Relationships</b>			
How would you describe your current relationships with family and friends?			
Very good	Good	Fair	Poor
<b>Stressors</b>			
Are there any major stressors in your life currently? (e.g., work, school, finances) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify:			
<b>Support system</b>			
Do you have a support system you can rely on? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Additional notes and comments</b>			