Mental Health Screening

Personal Information

Name: Alex Johnson

Date of Birth: 05/22/1986

Contact Number: 555-0102

Screening Date: 10/15/2023

Instructions: Please answer the following questions to the best of your ability. Your responses will help in understanding your mental health status. Remember, this screening is not a diagnosis.

Mental Health Assessment Questions

1. **Mood and Emotions**
   - In the past two weeks, how often have you felt down, depressed, or hopeless?
     - ☐ Not at all
     - ☑ Several days
     - ☐ More than half the days
     - ☐ Nearly every day

2. **Anxiety and Worry**
   - How often have you felt nervous, anxious, or on edge?
     - ☐ Not at all
     - ☑ Several days
     - ☐ More than half the days
     - ☐ Nearly every day

3. **Sleep Patterns**
   - Have you experienced any changes in your sleeping patterns, like insomnia or sleeping too much?
     - ☐ No change
     - ☑ Less sleep than usual
     - ☐ More sleep than usual

4. **Interest in Activities**

- Have you lost interest or pleasure in activities you usually enjoy?

  - [ ] Not at all
  - [ ] Several days
  - [x] More than half the days
  - [ ] Nearly every day

5. **Energy Levels**

- How would you describe your energy levels lately?

  - [ ] Normal
  - [x] Less energetic than usual
  - [ ] More lethargic than usual

6. **Concentration**

- Have you had trouble concentrating on things, such as reading or watching television?

  - [ ] Not at all
  - [x] Occasionally
  - [ ] Frequently
  - [ ] Almost always

Disclaimer: This screening tool is intended for informational purposes only and is not a substitute for professional medical advice, diagnosis, or treatment. Always consult with a qualified mental health provider regarding any concerns about your mental health.