

Mental Health Screening Questionnaire

Name

Age

Gender

Contact Information

Screening Questions

In the past two weeks, have you often felt down, depressed, or hopeless?

Have you lost interest or pleasure in doing things?

Do you often feel nervous, anxious, or on edge?

Do you have trouble falling or staying asleep?

How would you rate your energy level?

Have you had thoughts of self-harm?

Additional Comments