

Veteran's Mental Health Assessment Checklist

Personal Information

Full Name

Date of Birth

Branch of Service

Years of Service

Current Mental Health Status

Mood:

☐
☐
☐

Sleeping Patterns

Eating Habits

Symptoms Checklist

- ☐ Anxiety
- ☐ Depression
- ☐ Irritability
- ☐ Flashbacks
- ☐ Avoidance
- ☐ Hypervigilance
- ☐ Difficulty Concentrating
- ☐ Emotional Numbness
- ☐

Support Systems

Describe support systems

Substance Use

Substance use history

Suicidal or Self-Harm Thoughts

Have you experienced thoughts of suicide or self-harm?

- ☐ Yes
- ☐ No

If yes, please provide details

Additional Comments