

Rural Community Mental Health Outreach Screening Form

Personal Information

Full Name

Age

Gender

Address/Barangay

Contact Number

Screening Questions

Are you experiencing any of the following? (check all that apply)

☐

Anxiety / Excessive worrying

☐

Sadness / Depression

☐

Trouble sleeping

☐

Irritability / Anger

☐

Changes in appetite

☐

Other

How long have these symptoms been present?

Do these symptoms affect daily activities (work, school, relationships, etc)?

Do you have a support system (family, friends, etc)?

Have you had thoughts of self-harm or suicide?

Previous history of mental health issues?

Current medical conditions or medications (if any)

Additional Remarks / Notes

