# Mental Health Survey

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |

## Please rate the following questions from 1 to 5, with 1 being “strongly disagree” and 5 being “strongly agree”.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Death of a spouse | 1 | 2 | 3 | 4 | 5 |
| Death of an immediate family member or close friend | 1 | 2 | 3 | 4 | 5 |
| Divorce or separation | 1 | 2 | 3 | 4 | 5 |
| Marriage | 1 | 2 | 3 | 4 | 5 |
| Birth of a child | 1 | 2 | 3 | 4 | 5 |
| Child has left home | 1 | 2 | 3 | 4 | 5 |
| Started a new job | 1 | 2 | 3 | 4 | 5 |
| Got fired from a job or been unemployed | 1 | 2 | 3 | 4 | 5 |
| Faced a civil lawsuit | 1 | 2 | 3 | 4 | 5 |
| Was arrested | 1 | 2 | 3 | 4 | 5 |
| Suffered a financial hardship, to include filing for bankruptcy | 1 | 2 | 3 | 4 | 5 |
| Victim of a crime | 1 | 2 | 3 | 4 | 5 |
| Bullied online | 1 | 2 | 3 | 4 | 5 |
| Began or graduated from college | 1 | 2 | 3 | 4 | 5 |
| Moved more than 50 miles away from a primary residence | 1 | 2 | 3 | 4 | 5 |

|  |  |
| --- | --- |
| Total Score: |  |

## Please rate the following statements from 1 to 5, with 1 being “strongly disagree” and 5 being “strongly agree”.

|  |
| --- |
| I have uncontrolled crying spells. |
|  | 1 | 2 | 3 | 4 | 5 |
| It seems I am depressed more often than I am happy these days. |
|  | 1 | 2 | 3 | 4 | 5 |
| I sometimes think my family would be better off without me. |
|  | 1 | 2 | 3 | 4 | 5 |
| I have begun using drugs and alcohol excessively in order to help alleviate my depression. |
|  | 1 | 2 | 3 | 4 | 5 |

|  |
| --- |
| It’s hard to get dressed in the morning sometimes. |
|  | 1 | 2 | 3 | 4 | 5 |
| I eat in excess or have been skipping meals altogether. |
|  | 1 | 2 | 3 | 4 | 5 |
| There have been drastic changes in my sleeping habits over the past few months. |
|  | 1 | 2 | 3 | 4 | 5 |
| I frequently suffer from headaches or an upset stomach. |
|  | 1 | 2 | 3 | 4 | 5 |
| I have lost interest in doing many of the things I used to enjoy doing. |
|  | 1 | 2 | 3 | 4 | 5 |

|  |  |
| --- | --- |
| Total Score (add all the numbers for each answer): |  |

|  |  |
| --- | --- |
| Grand Total: |  |

Results

|  |  |
| --- | --- |
| Normal | 0 – 15 |
| Moderately depressed | 15 – 25 |
| Severely depressed | 26 and over |

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