## Vanessa B. Tate, MFC 48163 (415) 820-1661 vanessabtate.com

## Mental Health Self Assessment The following questions ask about your mental health.

## http://samhi.mimh.edu/mh.asp

Answer the questions honestly to get the most accurate assessment of any potential problems.

- 1. In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed;
- or when you lost all interest or pleasure in things that you usually cared about or enjoyed?
- () Yes () No
- 2. Have you had 2 years or more in your life when you felt depressed or sad most days,
- even if you felt okay sometimes?
- () Yes () No
- 3. Have you felt depressed or sad much of the time in the past year?
- () Yes () No
- 4. How much time during the past week did you feel depressed?
- () Less than one day
- ) 1.2 days (
- () 3-4 days
- () 5-7 days
- 5. During the past 4 weeks, have you Accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?
- ( ) Yes ( ) No
- 6. During the past 4 weeks, You didn't do work or other activities as carefully as usual as a result of any emotional problems (such as feeling depressed or anxious)?
- ) Yes ( ) No
- 7. How much time during the past 4 weeks, Have you felt calm and peaceful?
- () All of the time
- ) Most of the time (
- ) A good bit of the time (
- ) Some of the time (
- () A little of the time
- () None of the time
- 8. How much time during the past 4 weeks, Did you have a lot of energy?
- () All of the time
- ( ) Most of the time
- ( ) A good bit of the time
- () Some of the time
- ) A little of the time
- () None of the time
- 9. How much time during the past 4 weeks, Have you felt downhearted or blue?
- () All of the time
- ) Most of the time ) A good bit of the time (
- () Some of the time
- ) A little of the time
- () None of the time
- 10. How much time during the past 4 weeks, How much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
- ) All of the time
- () Most of the time
- ) A good bit of the time ) Some of the time (
- (
- ) A little of the time
- () None of the time
- 11. Do you see or hear things that others do not see or hear?
- () Yes () No
- 12. How important is treatment for your mental health at this time?
- () Extremely Important
- ) Very important (
- () Moderately important
- ) Slightly important (
- () Not at all important