

Mental Health Survey

Patient Name: _____ Date Completed: _____
 Therapist Name: _____ Date Received: _____

Mood and Behaviors Over the Past 2 Weeks		Never	Rarely	Sometimes	Mostly	Always	Comments
1	I feel sad, unhappy or depressed	1	2	3	4	5	
2	I feel lethargic, apathetic, or as though I have no energy	1	2	3	4	5	
3	I feel hopeless about the future	1	2	3	4	5	
4	I feel lonely, isolated or alone	1	2	3	4	5	
5	I have trouble sleeping	1	2	3	4	5	
6	I sleep too much	1	2	3	4	5	
7	I have no appetite	1	2	3	4	5	
8	I overeat	1	2	3	4	5	
9	I feel unproductive or get distracted easily at work	1	2	3	4	5	
10	I have trouble focusing on projects, work or activities	1	2	3	4	5	
11	Activities and work no longer interest me	1	2	3	4	5	
12	I have trouble getting along with family/friends/coworkers	1	2	3	4	5	
13	I feel tense or nervous	1	2	3	4	5	
14	I feel agitated, angry or irritable	1	2	3	4	5	
15	I think about hurting myself	1	2	3	4	5	
16	I consider suicide	1	2	3	4	5	
17	I drink or do drugs to escape or dull the pain	1	2	3	4	5	
18	I binge drink (more than 5 drinks in one hour)	1	2	3	4	5	
19	People express concern about my drinking or drug use	1	2	3	4	5	
20	I have had trouble at work or school due to alcohol/drugs	1	2	3	4	5	