

Trish Garrison, LICSW
18 Hampton Rd. I-C
Exeter, NH 03833

p.garrison27@gmail.com
(603) 722 - 0176

Mental Health Questions

Name: _____

Over the last four weeks how often have you been bothered by any of the following problems?

For the questions 1-10, please answer with one of the following replies.

1. — Not at All 1 — Several days 2 — More than half the days 3 — Nearly every day

1. Little interest or pleasure in doing things?	
2. Feeling down, depressed or hopeless?	
3. Trouble falling asleep/staying asleep or sleeping too much?	
4. Feeling tired or having little energy?	
5. Poor appetite?	
6. Overeating?	
7. Feeling bad about yourself (feel like a failure), feeling you have let yourself or someone else down?	
8. Trouble concentrating on things, such as reading or watching TV?	
9. Slowing down of thinking ability and physical movement _ Or _ Feeling restlessness or agitation in thoughts and activity?	

10. Thoughts of death or dying or of wanting to hurt yourself in some way?	
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