**Mental Health Self-Assessment**

| **Name:**  **Banner ID:** 500 | **Email**:  **Telephone No:** |
| --- | --- |
| **Important:**  Do you give your consent for details about your requirements to be held on the disability service’s manual and electronic files? *Please refer to our policy o*n [confidentiality](https://www.bangor.ac.uk/studentservices/disability/confidentiality.php.en).  **If you do please tick ✓ in this box**  You have the right to limit or refuse to release information. If you have any concerns whatsoever in giving your consent, please contact us to discuss confidentiality before signing this section of the form and we will be happy to discuss further. | |

| **Date:**  **Reason for contacting University Mental Health Adviser:**  **Have you ever felt like this before? Have you previously seen anyone for help?**  (e.g. GP, Counselling, our services or Community Mental Health Team, CAMHS**)** |
| --- |

| **Prescribed medication?** |
| --- |
| What?  When started? |
| **Substance Use?** |
| Alcohol (How much? How often?)  Drug use (What? How often?)  Has your use changed in past month? |

| **PHQ-9** | | | | |
| --- | --- | --- | --- | --- |
| Over the **last 2 weeks**, how often have you been bothered by any of the following problems? | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 1. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 1. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 1. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 1. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 1. Feeling bad about yourself – or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 1. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 1. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 1. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

| **GAD-7** | | | | |
| --- | --- | --- | --- | --- |
| Over the **last 2 weeks**, how often have you been bothered by any of the following problems? | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
| 1. Feeling nervous | 0 | 1 | 2 | 3 |
| 1. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 1. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 1. Trouble relaxing | 0 | 1 | 2 | 3 |
| 1. Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 1. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 1. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |

| **Please describe any current difficulties you are having with your studies** |
| --- |
|  |
| **Who / what are your current sources of support?** |
|  |