**Presenting needs: Student self-assessment**

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| --- | --- |
| **Name:** **Banner ID:** 500 | **Email**:**Telephone No:** |
| **Reason for request:** | **Date:** |
| **Have you seen a GP?** | **If yes – what was the outcome?**  |

**Please read the 12 statements below and tick** √ **the boxes which most closely** **apply to how you have been during the past 2 weeks:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Occasionally | Quite often | Most of the time |
| I have been troubled by unwanted thoughts or experiences |  |  |  |  |
| I have felt tearful |  |  |  |  |
| I have had problems with sleep |  |  |  |  |
| I have eaten regular meals |  |  |  |  |
| I have felt too anxious to speak |  |  |  |  |
| I have felt optimistic about my future |  |  |  |  |
| I have felt very angry towards other people |  |  |  |  |
| I have been able to do things I wanted or needed to do |  |  |  |  |
| I have self-harmed |  |  |  |  |
| I have thought about ending my life |  |  |  |  |
| I have felt physically unwell |  |  |  |  |
| I have had someone to talk to |  |  |  |  |

**You can give further details here if you wish:**

**When did your current concerns start?**

**Please describe the impact of these concerns on your studies.**

**If you have experienced mental health issues in the past, when was this?**

**Please tell us about any strategies you have found helpful:**