**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 refer to our policy on [confidentiality](https://www.bangor.ac.uk/studentservices/disability/confidentiality.php.en). **Important:**

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Do you give your consent for details about your requirements to be held on the disability service’s manual and electronic files; **If you do please tick ✓ 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. |

**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 | Occasion-ally | 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:**