

MENTAL HEALTH

PERCEIVED STRESS

	Never	Seldom	Sometimes	Often	Always
a. How often have you felt that you were unable to control the important things in your life?	1	2	3	4	5
b. How often have you felt lack of confidence about your ability to handle your personal problems?	1	2	3	4	5
c. How often have you felt that things were not going your way?	1	2	3	4	5
d. Have often have you found it hard to let go of things that upset you?	1	2	3	4	5

How do you COPE with stress? *Check all that apply*

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Meditation | <input type="checkbox"/> Food (too much, too little) | <input type="checkbox"/> Gambling | <input type="checkbox"/> Distraction |
| <input type="checkbox"/> Exercise/Physical Activity | <input type="checkbox"/> Spirituality/Faith | <input type="checkbox"/> Journaling | <input type="checkbox"/> Hurting yourself (i.e. cutting, etc.) |
| <input type="checkbox"/> Counseling/Psychotherapy | <input type="checkbox"/> Sex | <input type="checkbox"/> Massage/Body work | <input type="checkbox"/> Pet therapy |
| <input type="checkbox"/> Socializing with friends or family | <input type="checkbox"/> Recreational drugs (i.e. marijuana, cocaine, etc.) | <input type="checkbox"/> Prayer | <input type="checkbox"/> Other |
| <input type="checkbox"/> Art | <input type="checkbox"/> Television and/or video games | <input type="checkbox"/> Substance (tobacco, alcohol) | |

RESILIENCE

When I am under extreme stress	Never	Seldom	Sometimes	Often	Always
a. I find a way to learn from my experience.	1	2	3	4	5
b. I find a way to take action.	1	2	3	4	5
c. I find it easy to prioritize what is important in my life.	1	2	3	4	5
d. I look at a stressful situation as an opportunity to grow.	1	2	3	4	5
e. I meet the goals I set for myself.	1	2	3	4	5
f. I believe that there are a lot of ways around a problem.	1	2	3	4	5
g. I feel motivated to pursue my goals.	1	2	3	4	5
h. I know I can get through it.	1	2	3	4	5

Patient Name: _____ DOB: _____

MENTAL HEALTH (continued)

MIND-BODY CONNECTION

	Never	Seldom	Sometimes	Often	Always
a. I meet the goals I set for myself.	1	2	3	4	5
b. Do thoughts or feelings affect your physical health?	1	2	3	4	5
c. Could you be experiencing some emotion and not be aware of it?	1	2	3	4	5
d. Are you aware of tension in your body?	1	2	3	4	5
e. Do you notice how your body changes when angry?	1	2	3	4	5
f. Do you notice stress in your body?	1	2	3	4	5
g. Do you notice how your body reacts to emotions?	1	2	3	4	5

DEPRESSION

	Not at all	Several days	Most days	Daily
Over the last 2 weeks, how often have you been bothered by the following?				
a. Little interest or pleasure in doing things.	0	1	2	3
b. Feeling down, depressed or hopeless.	0	1	2	3
c. Trouble falling asleep, staying asleep, or sleeping too much.	0	1	2	3
d. Feeling tired or having little energy.	0	1	2	3
e. Poor appetite or overeating.	0	1	2	3
f. Feeling bad about yourself or that you're a failure or have let yourself or your family down.	0	1	2	3
g. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
h. 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
i. Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3

ANXIETY

	Not at all	Several days	Most days	Daily
Over the last 2 weeks, how often have you been bothered by the following?				
a. Feeling nervous, anxious, or on edge.	0	1	2	3
b. Not being able to stop or control worrying.	0	1	2	3
c. Worrying too much about different things.	0	1	2	3
d. Trouble relaxing.	0	1	2	3
e. Being so restless that it's hard to sit still.	0	1	2	3
f. Becoming easily annoyed or irritable.	0	1	2	3

Patient Name: _____ DOB: _____