Mental Health Questionnaire

Whatever you select on this form will **not be shared with anyone** unless you selected 'thought about harming to yourself' or 'thought of harming others-

We will share it with **ONLY** the right persons to get you the **HELP** that **YOU NEED.**

* Indicates required question

1. **Full Name** *

_____

2. **Sex** *

Mark only one oval.

- ◯ Male
- ◯ Female
- ◯ Prefer not to say
- ◯ Other: _____

3. **Class** *

Mark only one oval.

- ◯ Class 6
- ◯ JHS 1
- ◯ JHS 2
- ◯ JHS 3

4. **Which of the following is a source of your stress?** *

(Allows multiple selection)

Check all that apply.

- [ ] Family
- [ ] School/ Academic
- [ ] Financial situation/ poverty
- [ ] Poor health or injury
- [ ] Relationship issues
- [ ] Painful events or trauma
- [ ] Death or loss of a loved one
- [ ] Other: _____

HAF- Patient Health Questionnaire (PHQ-9)

This is a valid and reliable self-administered instrument with researched evidence from Ghana.

The PHQ-9 is **the depression module, which scores each of the 9 DSM-IV criteria as "0" (not at all) to "3" (nearly every day)**.

5. Over the last 2 weeks, how often have you been bothered by any of the following problems? *

Mark only one oval per row.

	0 (Not at all)	1 (Several days)	2 (More than half the days)	3 (Nearly every day)
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
Trouble concentrating on things or tasks				
Moving or speaking so slowly? Or				

the opposite – being so restless or been moving around a lot than usual				
Thoughts that you would be better off dead or of hurting yourself in some way				
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it is hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid, as if something awful might happen				

6. If you checked off any problems, how difficult have these problems made it for you to work (including school work/learning), or get along with other people? *

Mark only one oval.

- 1- Not difficult at all
- 2- Slightly difficult
- 3- Moderately difficult
- 4- Very difficult
- 5- Extremely Difficult

This content is neither created nor endorsed by Google.

Google Forms