SELF REPORTING QUESTIONNAIRE

(CLIENT OR CLINICIAN TO COMPLETE)
The PsyCheck Screening Tool is designed to be used in conjunction with the PsyCheck Clinical Treatment Guidelines.
1. Please tick the ‘Yes’ box if you have had this symptom in the last 30 days.
2. Look back over the questions you have ticked. For every one you answered ‘Yes’, please put a tick in the circle if you had that problem at a time when you were NOT using alcohol or other drugs.

1. Do you often have headaches?
   - No
   - Yes

2. Is your appetite poor?
   - No
   - Yes

3. Do you sleep badly?
   - No
   - Yes

4. Are you easily frightened?
   - No
   - Yes

5. Do your hands shake?
   - No
   - Yes

6. Do you feel nervous?
   - No
   - Yes

7. Is your digestion poor?
   - No
   - Yes

8. Do you have trouble thinking clearly?
   - No
   - Yes

9. Do you feel unhappy?
   - No
   - Yes

10. Do you cry more than usual?
    - No
    - Yes

11. Do you find it difficult to enjoy your daily activities?
    - No
    - Yes

12. Do you find it difficult to make decisions?
    - No
    - Yes

13. Is your daily work suffering?
    - No
    - Yes

14. Are you unable to play a useful part in life?
    - No
    - Yes

15. Have you lost interest in things?
    - No
    - Yes

16. Do you feel that you are a worthless person?
    - No
    - Yes

17. Has the thought of ending your life been on your mind?
    - No
    - Yes

18. Do you feel tired all the time?
    - No
    - Yes

19. Do you have uncomfortable feelings in the stomach?
    - No
    - Yes

20. Are you easily tired?
    - No
    - Yes

Total score (add circles only):
INTERPRETATION/SCORE

Score of 0*  No symptoms of depression, anxiety and/or somatic complaints indicated at this time.
          **Action:** Re-screen using the PsyCheck Screening Tool after 4 weeks if indicated by past mental health questions or other information. Otherwise monitor as required.

Score of 1–4*  Some symptoms of depression, anxiety and/or somatic complaints indicated at this time.
          **Action:** Give the first session of the PsyCheck Intervention and screen again in 4 weeks.

Score of 5+*  Considerable symptoms of depression, anxiety and/or somatic complaints indicated at this time.
          **Action:** Offer Sessions 1–4 of the PsyCheck Intervention.

Re-screen using the PsyCheck Screening Tool at the conclusion of four sessions.

If no improvement in scores evident after re-screening, consider referral.

* Regardless of the client’s total score on the SRQ, consider intervention or referral if in significant distress.