Mental Health Self-Assessment

Changing Minds

Because every mind matters.

1. In the last year have you thought seriously about killing yourself?

- ☐ Yes
- ☐ No

2. Have any of these stressful events happened to you during the last 12 months? (check all that apply)

- ☐ Loss of a spouse, family member, or loved one
- ☐ Divorce
- ☐ Loss of a job
- ☐ A serious illness or surgery
- ☐ A serious financial downfall
- ☐ None

3. Have you been in trouble with the law in the last 12 months?

- ☐ Yes
- ☐ No

4. Has someone close to you recently committed suicide?

- ☐ Yes
- ☐ No

5. Has anyone in your family (parents, grandparents, great-grandparents, siblings, aunts, or uncles) had any of the following conditions? (check all that apply)

- ☐ Alcoholism in any first-degree family member(s) (mother, father, brother, sister)
- ☐ Bipolar disorder
- ☐ Depression
- ☐ Suicide (attempted or committed)
- ☐ None

6. Do you have or have you ever had any of these conditions? (check all that apply)

- ☐ Alcoholism
- ☐ Anorexia nervosa
- ☐ Bipolar disorder
- ☐ Bulimia binge/purge
- ☐ Cancer
- ☐ Depression
- ☐ Heart attack (myocardial infarction)
- ☐ Hepatitis C
- ☐ HIV positive or HIV infection
- ☐ Kidney disease
- ☐ Multiple sclerosis
- ☐ Type 2 diabetes
- ☐ Type 1 diabetes
- ☐ Suicide attempt
- ☐ None

PerhamHealth
SANFORD
1000 Coney Street West, Perham, MN 56573
218-347-4500 | perhamhealth.org/changingminds