



MENTAL HEALTH SCREENER, SELF-REPORT (MHS-SR)

Developed by MIND the First Step, 2024

MINDtheFirstStep.com

Module 1 | Basic Information

Name	
Date	

INFORMED CONSENT

If mental health symptoms are having a significant negative impact on your life, please contact a licensed professional mental health provider. If having thoughts of suicide, please contact the ***Suicide & Crisis Lifeline*** (dial or text **988**), seek emergency medical care, or request crisis intervention from a local counselor.

This screener cannot be used to diagnose a mental health disorder or provide a quantitative assessment of your mental health. A “screener” helps identify possible signs of mental health concerns, therefore allowing an individual to decide if they need further support and at what level. “Self-report” simply means that you are filling out this document for yourself, without the aid of a counselor or psychiatrist.

This screener, in particular, is a helpful tool for (a) identifying current “problem areas”—AKA your opportunities for growth, (b) developing a plan for achieving your mental health goals, (c) understanding your position on the *Spectrum of Mental Wellness*, and (d) addressing your overall mental health needs more effectively.

INSTRUCTIONS**Part A | Completing the Questionnaire**

Fill out *Modules 2 - 13* to the best of your ability.

Answer honestly and do not overthink the questions.

Consider your answers in context to the last 30 days.

Part B | Reflecting on Your Answers

At the end of this questionnaire, see *Part B* for further instructions.

Module 2 | Self-Perception

Assessing	Statement	strongly disagree	disagree	neutral	agree	strongly agree
Self-identity	I rarely question, “Who am I?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-concept	I am a good person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-compassion	I forgive myself when I make a mistake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	I am worthy of love and happiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-efficacy	I can do anything I set my mind to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-image	I am satisfied with the way I look.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Module 3 | Life Balance

Assessing	Statement	strongly disagree	disagree	neutral	agree	strongly agree
Interpersonal	The people in my life motivate me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	I value my commitment to work/school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical	My physical health does not hold me back from doing what I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	I feel safe at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	I do not struggle to pay my bills on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure	I enjoy my hobbies and interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual	I have a connection to something greater than myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Module 4 | Emotional Wellbeing

Assessing	Statement	strongly disagree	disagree	neutral	agree	strongly agree
Adaptability	I am able to “go with the flow” when unexpected things happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	I complete most tasks that I start.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict Resolution	I don’t have to yell to make my point heard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-regulation	My behavior never feels “out of my control.”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-regulation	It's easy to stop thinking negative thoughts and focus on something else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-regulation	I can usually calm myself down after feeling overwhelmed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	I don’t worry about small things that are out of my control (traffic, weather).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience	My past does not define me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience	I see my failures as a learning experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy	I can easily take the perspective of people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlook	I am hopeful for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-awareness	I can easily identify what emotions I'm feeling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-awareness	I am aware of my strengths and weaknesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Module 5 | Social-Emotional Skill Set

Assessing	Statement	strongly disagree	disagree	neutral	agree	strongly agree
Mindfulness	I rarely dwell on the past/future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness	I often notice things like the breeze or the way my food smells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance	I accept things for the way they are, not how I wish they would be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance	I allow myself to feel all of my feelings, good and bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boundaries	I am not scared to tell people where my personal boundaries are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boundaries	No one can push me into doing something I am uncomfortable with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	I am rarely misunderstood when I talk to people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	When other people are talking, I make sure to listen closely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	I can calmly talk to most people, even if their beliefs are different to mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gratitude	When I'm having a bad day, I can still see the good things that happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Module 6 | Physical Wellbeing

Assessing	Statement	strongly disagree	disagree	neutral	agree	strongly agree
Sleep	When I wake up from sleeping, I feel well-rested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination	I rarely loose my balance or accidentally knock things over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimacy	I am satisfied with the level of physical and emotional intimacy in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	I rarely feel exhausted at the end of the day or unable to get up in the mornings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet	My meals usually contain a balance of vegetables, protein, and carbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	I have a consistent routine of physical movement/exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discomfort	I do not experience chronic pain or physical discomfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Module 7 | Cognitive Wellbeing

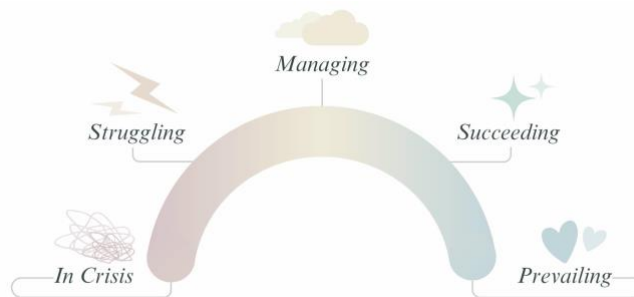
Assessing	Statement	strongly disagree	disagree	neutral	agree	strongly agree
Learning	I'm capable of learning new concepts at work/school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	I can easily recall names or remember meaningful past events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory	My senses (sight, sound, taste, touch, and smell) function normally for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention	I can tune out background noises to focus on what's important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing	I feel clear-headed and able to process information quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Module 8 | Social Wellbeing

Assessing	Statement	strongly disagree	disagree	neutral	agree	strongly agree
Independence	I am comfortable being alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	I feel supported by my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community	Outside of family, I have a support system to lean on (friends, church, social group).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Module 9 | Self-Reported Position on the Spectrum of Mental Wellness

Mental health is a dynamic trait, so your position will move up and down the spectrum at different points in your life. Considering the last 30 days, which position describes you the best?



- ☐ **Prevailing** | Exhibits high social-emotional intelligence and a positive mood. Utilizes positive coping skills to manage any negative mental health symptoms. Holds authority over their thoughts, feelings, and behaviors. Achieves success at work and pursues social/personal interests. Life is fulfilling and has purpose.
- ☐ **Succeeding** | Exhibits predictable mood and contentment. Manages negative mental health symptoms, but not as effectively. Feels like their mental health is “good enough,” so doesn't spend as much time practicing wellness strategies. Finds success in work and hobbies, but feels underlying stress or insecurity.
- ☐ **Managing** | Exhibits fluctuating mood with regular highs and lows; often feels like “life is harder than it should be.” Unable to manage negative mental health symptoms or practice positive coping. Often content, but easily distracted by negativity and worry. Seeks a better path forward, not sure where to start.
- ☐ **Struggling** | Exhibits unpredictable mood and negative coping habits. Focus is on “getting through the day,” so emotional needs are rarely met. Negative mental health symptoms are unmanaged, creating greater emotional turbulence and unhealthy relationship dynamics. Overwhelmed, seeks a quick solution.
- ☐ **In Crisis** | Routine suffering from negative mental health symptoms; unable to function in daily life or maintain healthy relationships. May be at risk of harming themselves or others. Requires crisis intervention to get back on track--please seek professional mental health support if in this category.

Module 10 | Symptoms of Mental Distress

Have you experienced any of these symptoms within the last 30 days? Select the degree of impact (none, mild, moderate, significant, severe) each symptom has had on your ability to function.

		none	mild	moderate	significant	severe
1	Feeling sad or down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Reduced ability to concentrate, confused thinking, or feeling "foggy-headed"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Excessive fears or worries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Extreme mood changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Withdrawal from friends and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Significant tiredness, low energy, or issues with sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Detachment from reality, paranoia, or hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Inability to cope with daily problems or stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Trouble understanding and relating to situations and people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Alcohol or substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Major changes in eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Major changes in sex drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Excessive anger, hostility, or violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Chronic or unbearable stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	History of stress or trauma <u>within your lifetime</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Module 11 | Degree of Stress

		What has your level of stress been <u>across the last 30 days</u> ?	<input type="checkbox"/> low	<input type="checkbox"/> med	<input type="checkbox"/> high
		Is your level of stress having a significant or prolonged impact on your wellbeing?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
List stressors from <u>within the last 30 days</u> :	1.				
	2.				
	3.				
	4.				

Module 12 | History of Stress or Trauma

		What has your level of stress been <u>across your lifetime</u> ?	<input type="checkbox"/> low	<input type="checkbox"/> med	<input type="checkbox"/> high
		Is your history of stress having a significant or prolonged impact on your wellbeing?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
List stressors from <u>within your lifetime</u> :	1.				
	2.				
	3.				
	4.				

Module 13 | Protective Factors

List the positive things in your life <u>right now</u> :	1.	
	2.	
	3.	
	4.	

INSTRUCTIONS CONTINUED

Part B | Reflecting on Your Answers

Modules 2 - 8: A response of *strongly disagree* or *disagree* indicates “problem areas”—these are your opportunities for growth. A response of *agree* or *strongly agree* signs of wellness and positive coping—these are your strengths. A response of *neutral* is somewhere in the middle.

Module 9: Your position on the *Spectrum of Mental Wellness* provides a benchmark for determining progress. Think about where you are now and where you want to be. How do you get there?

Module 10: This section identifies symptoms of an underlying mental health concern. Please consider speaking with a professional if these issues are significantly and negatively impacting your life.

Modules 11 - 12: These sections identify the origins of harmful stress, past and present. If stress/trauma hinders your ability to carry out everyday tasks, please seek professional guidance.

Module 13: This section highlights the positive aspects of your life--the protective factors which help to alleviate/manage mental distress. Both positive and negative factors contribute to your total wellbeing.

Action Plan for Wellness | Reflect on Your “Problem Areas”

Use the chart below to list your most pressing mental health concerns and methods for improvement.

	“Problem Area”	Action to Take (short-term goals)	Ideal Outcome ⁱ (long-term goals)
<i>Example</i>	I often feel lonely.	Seek one-on-one counseling, read a book on self-esteem, schedule self-care dates...	I am comfortable being alone. I feel self-confident, even when alone...
1.			
2.			
3.			

ⁱ **Ideal Outcomes** can be used as positive affirmations. Repeat these phrases to yourself each day to rewire your thinking patterns.