

ASSESSING HOW YOU FEEL

Over the last week

		Not at all	Sometimes	Most or all the time
1	I have felt alone and cut off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I have felt panicky and stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I haven't felt like I have anyone to turn to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	My self esteem is low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I have felt unenthusiastic and lethargic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I have been tempted to hurt others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I have been unable to cope with setbacks and problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I have suffered general physical ailments and discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I have considered self harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I have avoided talking to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I have felt too stressed to deal with routine tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I haven't felt pleased with my achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I have felt like crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	My sleep pattern is erratic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I feel very worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I feel others highlight my failings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I feel distant from my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I have been sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Other people have upset me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	My future seems daunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	I've been unable to reach my goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I have felt ridiculed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	I have taken physical risks with my personal safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This questionnaire is only a tool to help you determine your own mental wellbeing and decide if counselling is for you. If you have ticked 'most of the time' to a majority of these questions then perhaps counselling is a good option for you. Call us or email us today
info@supportandhelpme.com
077 1211 9062