Comprehensive Mental Health Screening Assessment

IMPORTANT DISCLAIMER: This screening tool is meant for educational purposes only and should not replace professional clinical evaluation. If you or someone you know is experiencing mental health concerns, please consult with a qualified healthcare provider.

Instructions

This assessment contains five validated screening tools commonly used in mental health evaluations:

1. PHQ-9 (Depression screening)
2. GAD-7 (Anxiety screening)
3. PCL-5 (PTSD screening)
4. DASS-21 (Depression, Anxiety, and Stress screening)
5. Personality Disorder Screening

For each questionnaire, please read the instructions carefully and answer all questions as honestly as possible. After completing each section, you can calculate your score using the provided scoring instructions.

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1. PHQ-9: Patient Health Questionnaire-9 (Depression Screening)

Instructions: Over the last 2 weeks, how often have you been bothered by any of the following problems?

Rate each item from 0-3:

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

No.	Question	Score (0-3)
1	Little interest or pleasure in doing things	
2	Feeling down, depressed, or hopeless	
3	Trouble falling or staying asleep, or sleeping too much	
4	Feeling tired or having little energy	
5	Poor appetite or overeating	
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	
7	Trouble concentrating on things, such as reading the newspaper or watching television	
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	
9	Thoughts that you would be better off dead or of hurting yourself in some way	

Total Score: _____

PHQ-9 Scoring and Interpretation:

- **0-4**: Minimal or no depression
- **5-9**: Mild depression
- **10-14**: Moderate depression
- **15-19**: Moderately severe depression
- **20-27**: Severe depression

Note: If you scored anything other than "0" on question 9, or if you have any thoughts of harming yourself, please speak to a healthcare professional immediately or call a crisis hotline.

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2. GAD-7: Generalized Anxiety Disorder-7 (Anxiety Screening)

Instructions: Over the last 2 weeks, how often have you been bothered by the following problems?

Rate each item from 0-3:

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

No.	Question	Score (0-3)
1	Feeling nervous, anxious, or on edge	
2	Not being able to stop or control worrying	
3	Worrying too much about different things	
4	Trouble relaxing	
5	Being so restless that it is hard to sit still	
6	Becoming easily annoyed or irritable	
7	Feeling afraid, as if something awful might happen	

Total Score: _____

GAD-7 Scoring and Interpretation:

- **0-4**: Minimal anxiety
- **5-9**: Mild anxiety
- **10-14**: Moderate anxiety
- **15-21**: Severe anxiety

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3. PCL-5: PTSD Checklist for DSM-5 (PTSD Screening)

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to indicate how much you have been bothered by that problem in the past month.

Rate each item from 0-4:

- 0 = Not at all
- 1 = A little bit
- 2 = Moderately
- 3 = Quite a bit
- 4 = Extremely

No.	Question	Score (0-4)
1	Repeated, disturbing, and unwanted memories of the stressful experience	
2	Repeated, disturbing dreams of the stressful experience	
3	Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)	
4	Feeling very upset when something reminded you of the stressful experience	
5	Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)	
6	Avoiding memories, thoughts, or feelings related to the stressful experience	
7	Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)	
8	Trouble remembering important parts of the stressful experience	
9	Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)	
10	Blaming yourself or someone else for the stressful experience or what happened after it	
11	Having strong negative feelings such as fear, horror, anger, guilt, or shame	
12	Loss of interest in activities that you used to enjoy	
13	Feeling distant or cut off from other people	
14	Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)	
15	Irritable behavior, angry outbursts, or acting aggressively	
16	Taking too many risks or doing things that could cause you harm	
17	Being "superalert" or watchful or on guard	
18	Feeling jumpy or easily startled	
19	Having difficulty concentrating	
20	Trouble falling or staying asleep	

Total Score: _____

PCL-5 Scoring and Interpretation:

- PCL-5 has a range of 0-80.
- A total score of **33 or higher** suggests probable PTSD and warrants further assessment by a mental health professional.
- The PCL-5 can also be scored by DSM-5 clusters to evaluate symptom criteria:

- Cluster B (items 1-5): Intrusion symptoms
- Cluster C (items 6-7): Avoidance behaviors
- Cluster D (items 8-14): Negative alterations in cognition and mood
- Cluster E (items 15-20): Hyperarousal

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4. DASS-21: Depression, Anxiety, and Stress Scale-21

Instructions: Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

Rating scale:

- 0 = Did not apply to me at all
- 1 = Applied to me to some degree, or some of the time
- 2 = Applied to me to a considerable degree, or a good part of time
- 3 = Applied to me very much, or most of the time

No.	Question	Score (0-3)
1	I found it hard to wind down	
2	I was aware of dryness of my mouth	
3	I couldn't seem to experience any positive feeling at all	
4	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	
5	I found it difficult to work up the initiative to do things	
6	I tended to over-react to situations	
7	I experienced trembling (e.g., in the hands)	
8	I felt that I was using a lot of nervous energy	
9	I was worried about situations in which I might panic and make a fool of myself	
10	I felt that I had nothing to look forward to	
11	I found myself getting agitated	
12	I found it difficult to relax	
13	I felt down-hearted and blue	
14	I was intolerant of anything that kept me from getting on with what I was doing	
15	I felt I was close to panic	
16	I was unable to become enthusiastic about anything	
17	I felt I wasn't worth much as a person	
18	I felt that I was rather touchy	
19	I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	
20	I felt scared without any good reason	
21	I felt that life was meaningless	

DASS-21 Scoring:

The DASS-21 has three subscales, with 7 items per scale:

- Depression: Items 3, 5, 10, 13, 16, 17, 21
- Anxiety: Items 2, 4, 7, 9, 15, 19, 20
- Stress: Items 1, 6, 8, 11, 12, 14, 18

Sum the scores for each subscale, then multiply each sum by 2.

Depression Score: _____ × 2 = _____ Anxiety Score: _____ × 2 = _____ Stress Score: _____ × 2 = _____

DASS-21 Interpretation:

Depression scale:

- **0-9**: Normal
- **10-13**: Mild
- **14-20**: Moderate
- **21-27**: Severe
- **28+**: Extremely Severe

Anxiety scale:

- **0-7**: Normal
- **8-9**: Mild
- **10-14**: Moderate
- **15-19**: Severe
- **20+**: Extremely Severe

Stress scale:

- **0-14**: Normal
- **15-18**: Mild
- **19-25**: Moderate
- **26-33**: Severe
- **34+**: Extremely Severe

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5. Personality Disorder Screening

Instructions: Please indicate how much each of the following statements describes you in general. There are no right or wrong answers. This screening is based on criteria from personality disorder classifications and is intended as an initial screening only.

Rate each item from 0-4:

- 0 = Not at all
- 1 = A little
- 2 = Moderately
- 3 = Quite a bit
- 4 = Extremely

No.	Question	Associated Pattern	Score (0-4)
1	I often fear that people who are close to me will leave or abandon me	Borderline	
2	I have difficulty trusting others or feel suspicious of their intentions	Paranoid	
3	I avoid social situations because I fear criticism or rejection	Avoidant	
4	I need excessive admiration from others	Narcissistic	
5	I feel entitled to special treatment or have unreasonable expectations	Narcissistic	
6	I experience rapid changes in how I see myself and frequently change my goals, values, or feelings about myself	Borderline	
7	My relationships tend to be intense and unstable, swinging between extremes of idealization and devaluation	Borderline	
8	I have difficulty controlling my anger	Borderline/Antisocial	
9	I engage in impulsive behaviors that could be self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)	Borderline/Antisocial	
10	I have recurring thoughts about harming myself or suicidal feelings when under stress	Borderline	
11	I prefer to do things alone rather than with others	Schizoid	
12	I have little interest in having close relationships	Schizoid	
13	I believe I am better than others and need to be treated accordingly	Narcissistic	
14	I am preoccupied with order, perfectionism, and control to the point where it interferes with completing tasks	Obsessive-Compulsive	
15	I have difficulty making everyday decisions without excessive advice or reassurance from others	Dependent	
16	I go to great lengths to avoid being alone	Dependent/Borderline	
17	I am often preoccupied with details, rules, lists, order, organization, or schedules	Obsessive-Compulsive	
18	I have recurrent thoughts, impulses, or behaviors that are repetitive that I feel driven to perform	Obsessive-Compulsive	
19	I have difficulty expressing disagreement with others because of fear of rejection or disapproval	Dependent/Avoidant	
20	I tend to see things as either "all good" or "all bad" with little middle ground	Borderline	

Personality Disorder Screening Scoring:

This screening is not diagnostic but helps identify potential personality traits that may warrant further assessment. Higher scores in specific clusters might suggest potential personality patterns:

Cluster A (Odd/Eccentric): Items 2, 11, 12

- Higher scores may suggest schizoid, paranoid, or schizotypal traits

Cluster B (Dramatic/Emotional): Items 1, 4, 5, 6, 7, 8, 9, 10, 13, 20

- Higher scores may suggest borderline, narcissistic, histrionic, or antisocial traits

Cluster C (Anxious/Fearful): Items 3, 14, 15, 16, 17, 18, 19

- Higher scores may suggest avoidant, dependent, or obsessive-compulsive traits

Interpretation note: A score of 3 or 4 on multiple items within a specific cluster suggests the potential need for further evaluation of personality patterns by a mental health professional.

Important: This is not the standardized PDQ-4 or SCID-II, but rather a brief screening based on common personality disorder traits described in diagnostic manuals. For comprehensive personality assessment, specialized tools administered by trained professionals are required.

Overall Assessment Guidance

When to Seek Professional Help:

1. **Immediate Help Needed**:
    - Any suicidal thoughts or plans
    - Thoughts of harming yourself or others
    - Severe symptoms that interfere with daily functioning
2. **Consider Professional Evaluation If**:
    - PHQ-9 score ≥ 10 (moderate to severe depression)
    - GAD-7 score ≥ 10 (moderate to severe anxiety)
    - PCL-5 score ≥ 33 (possible PTSD)
    - DASS-21 scores in the moderate to extremely severe ranges
    - Multiple high scores (3-4) in any personality disorder cluster

Where to Find Help:

- **Emergency Services**: Call 911 or go to your nearest emergency room if in crisis
- **National Suicide Prevention Lifeline**: 988 or 1-800-273-8255 (available 24/7)
- **Crisis Text Line**: Text HOME to 741741 (US)
- **Primary Care Provider**: Can provide referrals to mental health specialists
- **Community Mental Health Centers**: Often provide services on a sliding fee scale
- **Online Therapy Services**: Various platforms offer professional counseling remotely
- **University Counseling Centers**: For students, typically offer free or low-cost services

Treatment Options:

- **Psychotherapy**: Different approaches such as Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), or Psychodynamic Therapy
- **Medication**: Prescribed by psychiatrists or primary care providers
- **Support Groups**: Can provide valuable peer support
- **Lifestyle Changes**: Exercise, nutrition, sleep hygiene, and stress management techniques

Important Reminders:

1. These screening tools provide preliminary information only and are not diagnostic.
2. Mental health conditions are treatable, and effective help is available.
3. Screening is a first step; professional assessment is needed for diagnosis and treatment planning.
4. Many factors influence mental health, including biological, psychological, and social elements.

5. Recovery is possible with appropriate support and treatment.
6. The accuracy of results depends on honest self-reporting.
7. Some symptoms may overlap across different conditions.
8. Cultural factors may influence symptom expression and interpretation.

Administration Guidelines:

1. **Setting**: Administer in a quiet, private environment.
2. **Timing**: Allow 15-20 minutes for completion of the entire assessment.
3. **Follow-up**: Review results with a qualified professional.
4. **Frequency**: Can be administered at intake and then at regular intervals to track progress.
5. **Documentation**: Keep records of scores to monitor changes over time.

This assessment is intended for screening purposes only and does not substitute for professional evaluation. Always consult with a qualified healthcare provider regarding mental health concerns.