SECTION 3:
Self Reporting Questionnaire

Client or clinician to complete this section

First: Please tick the **'Yes'** box if you have had this symptom in the **last 30 days**.

Second: 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):

The *PsyCheck* Screening Tool

Clients Name:		DOB:	
Service:		UR:	
Mental health services assessment required?		No ☐	Yes ☐
Suicide/self-harm risk (please circle):		High	Moderate Low
Date:	Screen completed by:		

Clinician use only

Complete this section when all components of the *PsyCheck* have been administered.

Summary

Section 1	Past history of mental health problems	☐ No	☐ Yes	
Section 2	Suicide risk completed and action taken	☐ No	☐ Yes	
Section 3	SRQ score	☐ 0	☐ 1–4	☐ 5+

Interpretation/score – SRQ

Score of 0* on the SRQ	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* on the SRQ	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+* on the SRQ	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.

SECTION 1: General Screen

PsyCheck

Clinician to administer this section

The following questions are about your emotional wellbeing. Your answers will help me get a clearer idea of what has been happening in your life and suggest possible ways that we might work together to relieve any distress you may be experiencing. We ask these questions of everybody, and they include questions about mental, physical and emotional health.

1. Have you ever seen a doctor or psychiatrist for emotional problems or problems with your 'nerves'/anxieties/worries? No ☐ Yes ☐

   Details

2. Have you ever been given medication for emotional problems or problems with your 'nerves'/anxieties/worries?

   ☐ No, never

   ☐ Yes, in the past but not currently Medication(s):

   ☐ Yes, currently Medication(s):

3. Have you ever been hospitalised for emotional problems or problems with your 'nerves'/anxieties/worries? No ☐ Yes ☐

   Details

4. Do you have a current mental health worker, psychiatrist, psychologist, general practitioner or other health provider? **If 'No', go to Question 5.**

☐ **Psychiatrist**	☐ **Psychologist**
Name:	Name:
Contact details:	Contact details:
Role:	Role:
☐ **Mental health worker**	☐ **General practitioner**
Name:	Name:
Contact details:	Contact details:
Role:	Role:
☐ **Other – specify:**	☐ **Other – specify:**
Name:	Name:
Contact details:	Contact details:
Role:	Role:

5. Has the thought of ending your life ever been on your mind? No ☐ Yes ☐ If 'No', go to Section 3

   Has that happened recently? No ☐ Yes ☐ If 'Yes', go to Section 2

SECTION 2: Risk Assessment

PsyCheck

Clinician to administer this section

If the person says 'Yes' to recently thinking about ending their life (Question 5), complete the suicide/self-harm risk assessment below. Specific questions and prompts and further guidance can be found in the *PsyCheck* User's Guide.

Risk factor	Low risk	Moderate risk	High risk
1. Previous attempts: Consider lethality and recency of attempts. Very recent attempt(s) with moderate lethality and previous attempts at high lethality both represent high risk. Recent and lethal attempts of family or friends represent higher risk.			
History of harm to self	☐ Previous low lethality	☐ Moderate lethality	☐ High lethality, frequent
History of harm in family members or close friends	☐ Previous low lethality	☐ Moderate lethality	☐ High lethality, frequent
2. Suicidal ideation: Consider how the suicidal ideation has been communicated; non-disclosure may not indicate low risk. Communication of plans and intentions are indicative of high risk. Consider non-direct and non-verbal expressions of suicidal ideation here such as drawing up of wills, depressive body language, 'goodbyes', unexpected termination of therapy and relationships etc. Also consider homicidal ideation or murder/suicide ideation.			
Intent	☐ No intent	☐ No immediate intent	☐ Immediate intent
Plan	☐ Vague plan	☐ Viable plan	☐ Detailed plan
Means	☐ No means	☐ Means available	☐ Means already obtained
Lethality	☐ Minor self-harm behaviours, intervention likely	☐ Planned overdose, serious cutting, intervention possible	☐ Firearms, hanging, jumping, intervention unlikely
3. Mental health factors: Assess for history and current mental health symptoms, including depression and psychosis.			
History of current depression	☐ Lowered or unchanged mood	☐ Enduring lowered mood	☐ Depression diagnosis
Mental health disorder or symptoms	☐ Few or no symptoms or well-managed significant illness	☐ Pronounced clinical signs	☐ Multiple symptoms with no management
4. Protective factors: These include social support, ability or decision to use support, family involvement, stable lifestyle, adaptability and flexibility in personality style etc.			
Coping skills and resources	☐ Many	☐ Some	☐ Few
Family/friendships/networks	☐ Many	☐ Some	☐ Few
Stable lifestyle	☐ High	☐ Moderate	☐ Low
Ability to use supports	☐ High	☐ Moderate	☐ Low