

Mental Health Risk-Screening Tool

Name & Surname	
Cell Number	
Gender	
Date of Birth	
TVET College/CET	
Campus/Centre	
Date	

I declare and understand that completing this questionnaire is voluntary and that my answers to the below questions will be kept confidential. I also give consent for the person receiving my completed risk-assessment tool to follow up with me if further services may be provided with my consent. I also understand that this is a risk assessment and is not a diagnostic tool and is not for research purposes but rather for creating insights into one's own vulnerability. The aim of HIGHER HEALTH is to determine the risk at early stages and to link to relevant services for further treatment, care, and support.

Early prevention saves lives.

Signature

Questionnaires- Indicate you answer with a tick						
1	Have you recently experienced any traumatic events?					
	Accident	Loss of Loved One	Sexual Violence	Abuse		
	Assault	Neglect	Natural Disaster	Witness to Violence		
	None	Other (please Specify):				
2	How would you rate the severity of these traumatic events?			Mild	Severe	None
3	How long ago was this experience?					
	Previous week	Previous month	Previous six months	Previous Year	Over a year ago	
4	How often have you been bothered by disturbing and unwanted memories of stressful experiences?					
	Daily	Multiple times per week	Multiple times per month	One or less times per month	Never	
5	Do you regularly experience trouble sleeping?			Yes	No	
6	Which of the following do you struggle with when sleeping?					
	Difficult falling asleep	Difficult staying asleep	Difficult waking up frequently	Difficult waking up early	Restless sleep	Nightmares
	Excessive sleeping		none	Other (Please Specify):		
7	Do you regularly experience trouble concentrating?			Yes	No	
8	Which of the following do you struggle with when concentrating?					
	Difficult starting	Completing tasks	Distractibility	Memory Issues	Forgetfulness	
	Procrastination		Limited attention span	none		
9	Have you experienced excessive irritable behaviour, angry outbursts, or acted aggressively recently?			Yes	No	
10	Have you recently felt that you or your family would be better off if you were dead?			Yes	No	
11	Have you had serious thoughts about killing yourself and others or have you tried to hurt yourself recently?					
	Yes - Attempted	Yes – Thought about harming myself	Yes – Thought about harming others	No		
12	Have you recently felt less enjoyment in activities you usually like?			Yes	No	
13	Compared to usual, how have you kept to yourself recently?					
	Not at all	A little	Moderately	Quite a bit	Significantly	
14	Do you have a trusted adult, colleague, or friend you can talk to?			Yes	No	
15	Are there conflicts at home that are hard o handle?			Yes	No	
16	Do you feel overwhelmed by academic pressures?					
	Daily	Multiple times per week	Multiple times per month	One or less per month	Never	
17	Do you use non-prescription drugs to alter your mood, feel different or aid sleep?			Yes	No	
You may be vulnerable to Mental Health and should seek help and support from someone. The following 24 Hours Helpline can be contacted for help and support: 0800 36 36 36						
Remember, you are not alone!						

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