

Mental Health Checklist

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Mental Health Checklist

Date Completed:

Name:

Sex:

Age:

Do you have dependent children (please list ages):

Marital Status: Single De Facto/Married Divorced/Separated
Widowed

Living Arrangements: Live alone Live with family/friends Other (please describe)

Do you speak/understand English both written and verbal?

Language spoken at home?

Over the past week have you been?

Eating regular meals?	Never	Sometimes	Most of the time	Always
Showering every day?	Never	Sometimes	Most of the time	Always
Taking your daily medication as prescribed?	Never	Sometimes	Most of the time	Always
Having trouble sleeping?	Never	Sometimes	Most of the time	Always
Getting outside for fresh air on a daily basis?	Never	Sometimes	Most of the time	Always
Exercising regularly?	Never	Sometimes	Most of the time	Always
Feeling easily annoyed or irritable?	Never	Sometimes	Most of the time	Always
Feeling sad or upset?	Never	Sometimes	Most of the time	Always
Experiencing suicidal thoughts or making plans to suicide?	Never	Sometimes	Most of the time	Always
Self-harming, or feeling a need to self-harm?	Never	Sometimes	Most of the time	Always
Using drugs or alcohol to cope with your feelings?	Never	Sometimes	Most of the time	Always
Experiencing domestic violence?	Never	Sometimes	Most of the time	Always

(If yes, frequency, how recently etc.)

Have you ever thought about suicide (or ending your life)? Yes No

Have you attempted suicide in the past? Yes No

Have you self-harmed or been treated for self-inflicted injuries previously? Yes No

Have you made any plans to suicide? Yes No

(If yes, discuss what the plan is and resources at hand to carry this out i.e. access to weapons/medication etc.)

Do you have:

(If no, discuss and provide resources)

Someone to talk to who can give you emotional support when you need it	Yes	No
Family/Friends who you see or talk to on a regular basis	Yes	No
A professional you feel comfortable talking to about how you feel?	Yes	No
A list of resources ie. online or phone/after-hours support line that works for you?	Yes	No
Do you have a Mental Health Safety Plan in place?	Yes	No

<https://www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning>