

MENTAL HEALTH PROBLEMS - SRQ

Part of the NTD-related
morbidity and disability
assessment and monitoring
toolkit.



MENTAL HEALTH PROBLEMS – Self reported questionnaire (SRQ)

Time at the start of the interview: ____:____

Patient identifier: _____

If you think the question applies to you and you had the problem described in the *last 30 days* to answer “Yes”.

Item	Question	YES	NO	
1.	Do you often have headaches?	Yes (1)	No (0)	
2.	Is your appetite poor?	Yes (1)	No (0)	
3.	Do you sleep badly?	Yes (1)	No (0)	
4.	Do your hands shake?	Yes (1)	No (0)	
5.	Are you easily frightened?	Yes (1)	No (0)	
6.	Do you feel nervous, tense or worried?	Yes (1)	No (0)	
7.	Is your digestion poor?	Yes (1)	No (0)	
8.	Do you have trouble thinking clearly?	Yes (1)	No (0)	
9.	Do you feel unhappy?	Yes (1)	No (0)	
10.	Do you cry more than usual?	Yes (1)	No (0)	
11.	Do you find it difficult to enjoy your daily activities?	Yes (1)	No (0)	
12.	Do you find it difficult to make decisions?	Yes (1)	No (0)	
13.	Is your daily work suffering?	Yes (1)	No (0)	
14.	Are you unable to play a useful part in life?	Yes (1)	No (0)	
15.	Have you lost interest in things?	Yes (1)	No (0)	
16.	Do you feel that you are a worthless person?	Yes (1)	No (0)	
17.	Has the thought of ending your life been on your mind?	Yes (1)	No (0)	
18.	Do you feel tired all the time?	Yes (1)	No (0)	
19.	Do you have uncomfortable feelings in your stomach?	Yes (1)	No (0)	
20.	Are you easily tired?	Yes (1)	No (0)	
	Total:			

Time at the end of the interview: ____:____