



MHS Screener

1. Little interest or pleasure in doing things

☐ Nearly Everyday
 ☐ More than half the days
 ☐ Several Days
 ☐ Not at all

2. Feeling down, depressed, or hopeless

☐ Nearly Every Day
 ☐ More than half the days
 ☐ Several days
 ☐ Not at all

3. Trouble falling or staying asleep, or sleeping too much

☐ Nearly Every Day
 ☐ More than half the days
 ☐ Several Days
 ☐ Not at all

4. Feeling tired or having little energy

☐ Nearly Every Day
 ☐ More than half the days
 ☐ Several days
 ☐ Not at all

5. Poor appetite or overeating

☐ Nearly Every Day
 ☐ More than half the days
 ☐ Several days
 ☐ Not at all

6. Feeling bad about yourself

☐ Nearly Every Day
 ☐ More than half the days
 ☐ Several days
 ☐ Not at all

7. Trouble concentrating on things, such as reading the newspaper or watching television

☐ Nearly Every Day
 ☐ More than half the days
 ☐ Several days
 ☐ Not at all

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

☐ Nearly Every Day
 ☐ More than half the days
 ☐ Several days
 ☐ Not at all

9. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Extremely difficult
 ☐ Very difficult
 ☐ Somewhat difficult
 ☐ Not difficult at all

10. Feeling nervous, anxious, or on edge

☐ Nearly Every Day
 ☐ More than half the days
 ☐ Several days
 ☐ Not at all



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11. Not being able to stop or control worrying

☐

Nearly Every Day

☐

More than half the days

☐

Several days

☐

Not at all

12. Worrying too much about different things

☐

Nearly Every Day

☐

More than half the days

☐

Several days

☐

Not at all

13. Trouble relaxing

☐

Nearly Every Day

☐

More than half the days

☐

Several days

☐

Not at all

14. Being so restless that it is hard to sit still

☐

Nearly Every Day

☐

More than half the days

☐

Several days

☐

Not at all

15. Becoming easily annoyed or irritable

☐

Nearly Every Day

☐

More than half the days

☐

Several days

☐

Not at all

16. Feeling afraid, as if something awful might happen

☐

Nearly Every Day

☐

More than half the days

☐

Several days

☐

Not at all

17. If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

☐

Extremely difficult

☐

Very difficult

☐

Somewhat difficult

☐

Not at all difficult

18. How many trusted adults do you have here at MHS?

☐

0

☐

1

☐

2

☐

3

☐

4+

19. This school year, how often did you experience bullying at MHS?

☐

0

☐

1

☐

2

☐

3

☐

4+

20. When you are at MHS, do you feel welcomed, valued, and/or connected to the school community?

☐

Never

☐

Rarely

☐

Sometimes

☐

Often

☐

Almost Always