Comprehensive Mental Health Questionnaire™ (CMHQ)™

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Name or I.D. _____ DATE _____

Instructions

Please use a pen.

Complete as many or as few items as you wish. Only answer the questions that you want. Describe what is needed to understand you.

Make just one choice:

- **for Yes/No questions**
- **when instructed "circle one"**

Personal Mental Health

Why have you come for assessment/counseling? What can we help you with?

Mark below any past or present difficulties that apply to you (make a checkmark):

IN THE PAST	NOW	COMMENTS
__ ADHD or ADD	__ ADHD or ADD	
__ anxiety	__ anxiety	
__ autism spectrum	__ autism spectrum	
__ bipolar disorder	__ bipolar disorder	
__ body image issues	__ body image issues	
__ cutting or self-harm	__ cutting or self-harm	
__ depression	__ depression	
__ eating disorder	__ eating disorder	
__ learning disability	__ learning disability	
__ obsessions/compulsions	__ obsessions/compulsions	
__ panic attacks	__ panic attacks	
__ phobias	__ phobias	
__ problems with alcohol	__ problems with alcohol	
__ schizophrenia	__ schizophrenia	
__ substance abuse	__ substance abuse	
__ suicidal thought	__ suicidal thought	
__ suicide attempt	__ suicide attempt	

I often feel (mark any that apply):

__ agitated
__ angry
__ anxious
__ apathetic
__ ashamed
__ defeated
__ depressed
__ detached
__ empty
__ fatigued
__ fearful
__ frustrated
__ guilty
__ helpless
__ hopeless
__ hurt
__ impatient
__ insecure
__ irritable
__ jealous
__ lonely
__ numb
__ overwhelmed
__ panicky
__ regret
__ rejected
__ resentful
__ restless
__ sad
__ self-conscious
__ slowed down
__ tense
__ vulnerable

Comments:

Mark any that apply:

__ I don't feel safe at home.
__ I don't feel safe at work.
__ I don't feel safe in school.
__ I don't feel safe in public places.
__ I don't feel safe driving.

Other/Comments:

Complete this sentence:

My emotions _____

How long have you been experiencing these difficulties?

What do you believe is the cause of these difficulties?

Which apply to you?

__ I have never received mental health services.
__ I have received mental health services in the past (please describe below).
__ I am receiving mental health services now (please describe below).

Comments:

Medical History

List any current medical symptoms or conditions:

List any medications that you are taking now:

My health is (circle one):

excellent
good
satisfactory
poor
very poor

Comments:

What do you do for exercise, and how often?

How many of your BLOOD RELATIVES have had a history of the conditions below? Write the number and their relationship to you.

	number of blood relatives and their relationship(s) to you
[Sample Condition]	1 grandparent, 2 uncles, 3 sibs, 1 child
ADHD	
alcohol/substance abuse	
anxiety	
attempted suicide	
committed suicide	
autism spectrum	
bipolar disorder	
body image issues	
depression	
eating disorder	
learning disability	
obsessions/compulsions	
panic attacks	
phobia	
schizophrenia	

Other problems or comments:

Mark any that are true about your health history:

__ My mother had an infection when pregnant with me.
__ My mother used alcohol or drugs when pregnant with me.
__ I was born prematurely.
__ I was shaken as a baby.
__ I have been exposed to toxic chemicals or heavy metals.
__ My brain was deprived of oxygen at some time in the past.
__ My head has been violently shaken or struck and I experienced difficulties afterward.
__ My skull or eye has been penetrated by an object.
__ I have had a concussion. If yes, approximately how many? _____
__ I have had a seizure.
__ I have received chemotherapy.
__ I have had meningitis.
__ I have had a stroke.
__ I have had some other brain injury.

Other/Comments:

Mark any that are true about your current health:

__ I am concerned about my health.
__ My health limits my daily activities.
__ My behavior has a negative impact on my health.
__ My emotions have a negative impact on my health.
__ I have had a significant appetite or weight change in the past 2 months
__ My sex drive is decreased.
__ Pain limits my daily activities.
__ I take a steroid drug - to reduce inflammation and pain.
__ I take a steroid drug - to enhance performance or appearance.

Other/Comments:

I have problems with:

__ vision
__ speech
__ hearing
__ sense of smell
__ headaches
__ balance
__ spinning sensation

Comments:

Sleeping

Mark any items that describe your sleep:

__ too little
__ too much
__ sleep at wrong time
__ use sleep as an escape
__ poor quality
__ broken
__ shallow
__ decreased need for sleep
__ dozing off during the day
__ frequent awakening
__ grind teeth
__ irregular
__ difficulty falling asleep
__ wake at night, difficulty returning to sleep
__ wake too early and unable to return to sleep
__ daytime naps
__ nightmares
__ night sweats
__ night terrors
__ snoring
__ restless legs
__ sleepwalking
__ sleep apnea/stop breathing
__ sleep attack (uncontrollable episodes of sudden sleep)
__ wake feeling unrested

Other/Comments:

Eating

Mark any items that describe your eating:

__ I am currently following a diet.
__ I have tried dieting, without success.
__ emotional eating
__ loss of appetite
__ undereating
__ overeating
__ binging
__ purging
__ restricting
__ compulsive exercising to lose weight
__ poor diet
__ I have undergone gastric bypass or stapling surgery.

Other/Comments:

In a typical day, how many of these do you consume? Enter a number.

	daily number
caffeinated drinks	
cigarettes	
other nicotine	
alcoholic drinks	
cannabis (grams)	
opioid without prescription	

Comments:

In a typical week, how many days do you have 4 or more alcoholic drinks? (Circle one.)
0 1 2 3 4 5 6 7
Comments:

Do you use recreational drugs? (Circle one.)
Yes
No
If yes, what do you use, and how often?

Do you use prescription drugs for self-medication, performance enhancement, or recreation? (Circle one.)
Yes
No
If yes, what do you use, and how often?

Childhood Experience

What were things like when you were growing up?

My overall childhood experience was (circle one):
very good
good
satisfactory
poor
very poor
Comments:

How many siblings do you have?

Complete these sentences:

My mother _____

My father _____

GROWING UP, my relationship with my _____ was _____ (circle just one per row):

mother	Poor	Satisfactory	Good
father	Poor	Satisfactory	Good
sibling(s)	Poor	Satisfactory	Good
extended family	Poor	Satisfactory	Good
friends	Poor	Satisfactory	Good
neighbors	Poor	Satisfactory	Good
classmates	Poor	Satisfactory	Good
teachers	Poor	Satisfactory	Good

Comments:

During my childhood, a parent or other adult (circle just one per row):

insulted or swore at me	Never	Occasionally	Often
humiliated me	Never	Occasionally	Often
threatened me	Never	Occasionally	Often
was violent with me	Never	Occasionally	Often
was sexually inappropriate with me	Never	Occasionally	Often

Other/Comments:

<u>Mark any that you experienced during childhood</u>:

__ behavior problems
__ bullying
__ controlling behavior
__ disrespect
__ emotional problems
__ exploitation
__ family moved often
__ legal problems
__ loss
__ medical problems
__ neglect
__ physical abuse
__ poverty
__ rejection
__ sexual abuse
__ trauma
__ verbal abuse
__ violence at home
__ violence outside the home
__ frequent quarreling at home
__ I did not feel accepted.
__ I did not feel respected.
__ I did not feel loved.
__ I did not have enough to eat.
__ I had to wear dirty or worn clothes.
__ I was not raised by my biological parents.
__ I was adopted.
__ I was not wanted
__ lack of adult affection
__ lack of adult availability
__ lack of adult supervision
__ My family was not close.
__ My parents separated.
__ There was no one to protect me.
__ A family member was depressed or mentally ill.
__ A family member had problems with alcohol or drugs.
__ A family member went to prison.
__ A family member attempted suicide.
__ A family member committed suicide.

Other/Comments:

Mark any that describe your schooling:

__ I had academic/learning issues in school.
__ I had behavior issues in school.
__ School was not a safe place for me.
__ I missed a lot of school.

If you marked any above, please elaborate:

How many years of education have you completed?

What degrees have you completed?

Relationships

I have (circle one):

never married
married once
married twice
married three or more times

I am now (circle one):

single
engaged
partnered, living apart
partnered, living together
in a common-law relationship
married
separated
divorced
widowed

If you are in a relationship now, how long have you been in this relationship?

I have _____ children between the ages of _____ and _____.

Who is living with you now, and what are their relationships to you?

Check any that you have experienced in your past and present partner relationships:

	Past Relationships	Present Relationship(s)
disconnection		
lack of support		
frequent tension		
frequent conflict		
partner not making the effort that I do		
partner taking advantage of me		
disrespect		
mistreatment		

Comments:

Describe your PRESENT relationships. Circle one, leave blank if no relationship:

Partner	poor	Satisfactory	good
Children	poor	Satisfactory	good
Mother	poor	Satisfactory	good
Father	poor	Satisfactory	good
Sibling(s)	poor	Satisfactory	good
Extended family	poor	Satisfactory	good
Friends	poor	Satisfactory	good
Co-workers	poor	Satisfactory	good
Neighbors	poor	Satisfactory	good

Comments:

Stressful Experiences

If stressful experiences from your past are affecting you now, describe them:

List the sources of stress in your life now, ranked in order of importance (most important first):

Are any of these part of your life now?

__ controlling behavior by others
__ family conflict
__ family member in trouble
__ financial stress
__ struggling with a loss
__ health concerns
__ housing issues
__ I am undernourished.
__ A past difficult relationship is affecting me now.
__ involved in a lawsuit
__ negativity in my living environment
__ poor health of a family member
__ relationship problems
__ sexual issues
__ single parent
__ can't let go of something from the past
__ young children at home

Comments:

_____ is my greatest challenge now.

If I could change one thing in my life now it would be _____

What do you do to relieve stress?

What is your main source of enjoyment now?

Caregiver Stress

I am caring for a child that has:

__ emotional problems
__ behavioral problems
__ a physical or mental disability

Comments:

During the past several years, have you experienced significant emotional or physical strain while caring for an ill, injured, or disabled person? (Circle one.)

Yes

No - go to the **Trauma** section below ↓

The person that you cared for—What was their relationship to you?

How long did you care for this person?

Mark any that applied/apply now to your caregiving situation:

__ I had little control over the situation.
__ They constantly asked the same questions.
__ Communicating with them was difficult.
__ I was responsible for household chores.
__ They were ungrateful.
__ At times they were uncooperative.
__ They became angry.
__ They became violent.
__ I felt very alone.
__ I felt angry.
__ I felt guilty.
__ I felt exhausted.
__ I needed help that wasn't there.
__ It was very difficult watching them decline.
__ I was distraught that I could not do more.
__ I resented others who didn't help more.

Comments:

Trauma

I have experienced psychological trauma (circle one):

Yes

No

If yes, describe the nature of your trauma(s). What happened to you?

Mark any that you have experienced:

__ harassed
__ wronged
__ taken advantage of
__ threatened
__ bullied
__ restrained
__ confined
__ abused
__ assaulted
__ robbed
__ saw or heard something disturbing
__ was in a bad accident
__ natural disaster
__ combat veteran
__ was unable to protect a loved one

Comments:

Because of my traumatic experience(s):

__ I have bad memories of the event(s).
__ I have bad dreams about the event(s).
__ I am troubled by recurring intrusive memories of the experience.
__ I become upset when I am reminded of the event(s).
__ I avoid things associated with the event(s).
__ My thoughts have become quite negative.
__ My feelings have become quite negative.
__ I occasionally feel disconnected from my body or what's going on around me.
__ Things occasionally seem unreal.
__ I don't have positive emotions like I used to.
__ I startle easily.
__ I expect bad things to happen.
__ I am not able to do things like I used to.

What triggers these difficulties?

Thought Content

List some words below that describe your state of mind:

Complete the sentences below:

I am _____

My body _____

My thoughts _____

The future _____

Other people _____

The world _____

I want _____

I need _____

I am happy when _____

_____ distresses me.

My goals _____

Mark any that apply to you:

__ I am unhappy about my gender.
__ I am unhappy about my weight.
__ I am too afraid of certain situations.
__ I compare myself to others.
__ I expect bad things to happen at any time.
__ I feel incompetent.
__ I feel trapped.
__ I frequently become upset when people don't do what I think they should.
__ I have many rules in my head about how things should be.
__ I have low self-esteem.
__ I have questions or concerns about my sexual orientation.
__ I have unwanted thoughts.
__ I judge myself harshly.
__ I lack confidence.
__ I need the approval of others.
__ I often feel that I don't belong.
__ I often feel victimized.
__ I often jump to conclusions and think the worst.
__ I often think about death.
__ I worry about my health.
__ I worry about what other people think of me.
__ I worry about other people violating my rights or trying to control me.
__ In my thoughts, I call myself names.
__ In my thoughts, I call other people names.
__ Faith is an important part of my life.
__ My life is not progressing as I would like it to.
__ My appearance is a problem.
__ My worrying is a problem.
__ No matter what I do, it never seems good enough.
__ People are against me.
__ People are trouble.
__ People take advantage of me.
__ The thought of being alone and on my own is disturbing.
__ I have unusual thoughts.

Comments:

What are some of your strengths?

Thoughts of Harm

I think about suicide or homicide (circle one):

never
every few months
once a month
once a week
daily

Comments:

Mark any that apply to you:

__ I wish that one morning I'd just not wake up.
__ I wish I were dead.
__ I have thoughts of harming myself.
__ I have thoughts of harming someone else.
__ I have made plans to harm myself.
__ I have made plans to harm someone else.
__ I have made preparations to harm myself.
__ I have made preparations to harm someone else.

Comments:

Thought Process

Are you concerned about your mental functioning? (Circle one.)

Yes
No

If yes, what difficulties are you experiencing?

Other people have noticed problems with my mental functioning (circle one):

Yes
No

Comments:

My thought process is:

__ all over the map
__ confused
__ difficulty concentrating
__ disorganized
__ disoriented
__ distracted
__ hallucination - I hear or see things that other people don't.
__illogical
__ inattentive
__ indecisive
__ obsessive
__ paranoid
__ preoccupied
__ scattered
__ suspicious
__ I ruminate on unpleasant things

Comments:

Mark any that describe your memory:

__ I often misplace things.
__ I am forgetful.
__ I need reminders to function.
__ I have difficulty recalling people's names.
__ I forget what I was going to say.
__ I enter a room or go someplace and then forget what I was going to do.
__ I cannot recall facts and concepts that I used to know.
__ I cannot recall the details of my past personal experiences like I should.

Comments:

My thinking speed is (circle one):

accelerated
normal
slowed down

I am experiencing difficulties with:

__ reading
__ writing
__ speaking
__ finding the words I want
__ understanding others
__ expressing myself
Other (please describe):

Behavior

List some words that describe your behavior.

I would like to change my behavior (circle one):

Yes
No

If yes, please describe:

I spend most of my time _____

My behavior _____

I am good at _____

I cope with things by _____

I spend my leisure time _____

I do some unhealthy things to escape my problems (circle one):

Yes

No

If yes, these include:

Mark any that apply to you:

__ I act without thinking.
__ I don't generally plan or work toward goals.
__ It is difficult for me to sit still.
__ I am often bored.
__ Out of sight is out of mind.
__ I speak without thinking.
__ I am not good with details.
__ I have difficulty following instructions.
__ I have difficulty monitoring my performance on tasks.
__ I have difficulty organizing and planning.
__ I miss a lot of what people say.
__ I am frequently late.

Comments:

In a typical day, about how much time do you spend per day doing the following activities? Activities can overlap and be counted more than once. Use decimals, e.g., 1.25 or .75. Enter 0 for none.

	decimal hours	Comments:
doing household chores		
hobbies		
exercising		
outdoors		
parenting/caring for others		
relaxing		
sleeping		
socializing		
commuting		
using electronic devices		
working (during workdays)		
studying		

Mark any that are issues for you:

__ accident-prone
__ addiction
__ compulsive/repetitive behavior
__ difficulty finishing things
__ gambling
__ getting started
__ hoarding
__ impulsivity
__ motivation
__ over-indulgence
__ perfectionism
__ procrastination
__ risky behavior
__ self-neglect
__ shopping
__ unwanted behavior (please describe)

Comments:

Mark any that apply to you:

__ Anxiety prevents me from doing things.
__ I am a workaholic.
__ I am an overachiever.
__ I am not achieving what I am capable of.
__ I am not meeting my responsibilities.
__ I am unreliable.
__ I avoid some things that remind me of a bad experience.
__ I do things that other people think are strange.
__ I have been violent towards others.
__ I have done things to harm myself.
__ I have no schedule or routine.
__ I often suppress my feelings.
__ I pick at parts of my body.
__ I push myself too hard.
__ I seldom push myself.
__ I seldom rest.
__ I spend a lot of time trying to avoid bad things.
__ If something frustrates me, I'll walk away from it.
__ My behavior gets me in trouble.
__ My emotions cause me to make poor decisions.
__ My emotions interfere with my accomplishing things I need to do.

Comments:

Legal Status

My current legal status is (mark any that apply):

__ charges pending
__ on bail
__ awaiting pre-trial
__ awaiting trial
__ awaiting sentencing
__ awaiting appeal
__ on probation
__ on parole
__ house arrest
__ electronic monitoring
__ listed on a sexual offender registry

Other/Comments:

Social Behavior

What supports do you have in your life now?

With other people I am:

__ awkward
__ compliant
__ dependent and needy
__ guarded
__ mistrustful
__ passive
__ people-pleasing
__ quiet
__ sensitive
__ shy and uneasy
__ too trusting
__ uncomfortable

Comments:

Mark any that apply to you:

__ avoid conflict
__ difficulty making friends
__ don't enjoy being with other people
__ don't stand up for myself
__ easily influenced by others
__ exhaust myself doing things for other people
__ get caught up in other people's problems and dramas
__ hide my thoughts and feelings
__ let other people make decisions for me
__ often find fault with myself
__ often find fault with others
__ often make myself do things that I don’t want to do
__ put myself last
__ seek reassurance from others
__ socially withdrawn
__ want more friends and close relationships

Comments:

Economic Behavior

What is your occupation?

Briefly describe your work history:

Describe your present and preferred employment status (use ✓ marks):

	I am now	I want to be	Comments:
homemaker			
part-time student			
full-time student			
in job training			
employed part-time			
employed full-time			
employed - multiple jobs			
volunteering			
unemployed			
retired			
too discouraged to look for work		[redacted]	
disabled			

I am unable to work now (circle one):
Yes
No
If yes, this is because:

Are you employed and experiencing work-related difficulties? (Circle one.)
Yes
No
If yes, describe:

My work performance is satisfactory (circle one):
Yes
No
If no, this is because

I have been missing work (circle one):
Yes
No
If yes, this is because:

I worry about losing my job (circle one):
Yes
No
If yes, this is because:

What are your thoughts and feelings about work?

What would help you with work?

School

Are you a student experiencing difficulties with school? (Circle one.)
Yes
No
If yes, what difficulties are you experiencing with school?
If no, you are done with this questionnaire.

What are your thoughts and feelings about school?

My school performance is satisfactory (circle one):
Yes
No
If no, this is because:

I have been missing classes (circle one):
Yes
No
If yes, this is because:

I worry about failing classes (circle one):
Yes
No
If yes, this is because:

I am unable to attend school now (circle one):
Yes
No
If yes, this is because:

What would help you with school?

You are done—return this questionnaire.