

BEHAVIORAL HEALTH SCREENING CHECKLIST

How often (if at all) have you experienced the following in the past month?

Just check the box most fitting

Never or seldom	Some of the time	Most of the time	All of the time
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|---|-------|-------|-------|-------|
| 1. Not as interested in things that used to be important to me. | _____ | _____ | _____ | _____ |
| 2. Felt distant from other people..... | _____ | _____ | _____ | _____ |
| 3. Persistent thoughts (obsessions) that won't go away..... | _____ | _____ | _____ | _____ |
| 4. Felt hopeless about the future..... | _____ | _____ | _____ | _____ |
| 5. Craving for alcohol or drugs..... | _____ | _____ | _____ | _____ |
| 6. Drinking more than usual..... | _____ | _____ | _____ | _____ |
| 7. Felt more nervous and keyed up than usual..... | _____ | _____ | _____ | _____ |
| 8. Suddenly became scared or startled..... | _____ | _____ | _____ | _____ |
| 9. Felt down hearted and blue..... | _____ | _____ | _____ | _____ |
| 10. Felt worse as the day went on..... | _____ | _____ | _____ | _____ |
| 11. Have had crying spells or felt like it..... | _____ | _____ | _____ | _____ |
| 12. Have had trouble sleeping at night..... | _____ | _____ | _____ | _____ |
| 13. Others commented about how much I'm drinking..... | _____ | _____ | _____ | _____ |
| 14. Eating less than usual..... | _____ | _____ | _____ | _____ |
| 15. Noticed I have been losing weight..... | _____ | _____ | _____ | _____ |
| 16. Worrying all the time..... | _____ | _____ | _____ | _____ |
| 17. Having sudden attacks of severe anxiety..... | _____ | _____ | _____ | _____ |
| 18. Felt guilty about how much I'm drinking..... | _____ | _____ | _____ | _____ |
| 19. Getting tired for no reason..... | _____ | _____ | _____ | _____ |
| 20. My mind is not as clear as it used to be..... | _____ | _____ | _____ | _____ |
| 21. Finding it harder to do the things I used to do..... | _____ | _____ | _____ | _____ |
| 22. Felt restless and unable to keep still..... | _____ | _____ | _____ | _____ |
| 23. Driving drunk or drinking while on duty..... | _____ | _____ | _____ | _____ |
| 24. Felt more irritable than usual..... | _____ | _____ | _____ | _____ |
| 25. Found it hard to make decisions..... | _____ | _____ | _____ | _____ |
| 26. Felt useless and not needed..... | _____ | _____ | _____ | _____ |
| 27. Felt my life is empty..... | _____ | _____ | _____ | _____ |
| 28. Felt that others would be better off if I were dead..... | _____ | _____ | _____ | _____ |
| 29. Felt that I was losing control of my emotions..... | _____ | _____ | _____ | _____ |
| 30. Drug or alcohol use caused problems in my life..... | _____ | _____ | _____ | _____ |

If you answered more than a few questions with Some, Most or All of the time, this may be a sign of a mental problem (such as depression, anxiety, or substance abuse). Martin Army Hospital Community Mental Health Service, 544-3590/3690, strongly encourages you to call for a confidential evaluation. For help with abuse of alcohol or drugs, contact the Fort Benning ADAPCP at 545-8362.