

First Name: _____

Last Name: _____

Sex: Male Female Unknown

Date of Birth: / /
(affix patient label here)

Outcomes: Mental Health Inventory (MHI)

- The MHI asks questions about how the consumer is feeling and coping with usual life activities. It provides measurable information about the consumer's wellbeing.
- It will take time to complete.
- The questionnaire may be offered when a consumer starts using public mental health services, at regular reviews during treatment, and when treatment is complete.
- The completion of the MHI provides the mental health clinician with more information than what they may obtain in an interview alone.
- The information obtained from the questionnaires will be analysed and the results will be made available to consumers.
- The results of the questionnaires completed at various times during your treatment can be compared. This will be a good way to see changes in the course of recovery.
- If further feedback is required please approach a staff member.

You can expect the mental health clinician to:

- be genuinely interested in the questionnaire responses
 - follow up the completion of the questionnaire with an invitation to talk about the answers and discuss how it made you feel
 - talk with you about the results of both the consumer and clinician questionnaires
 - use the results of the questionnaires when discussing the development of an individual treatment plan.
- It is important for consumers to complete the questionnaire on their own. If support or assistance is required please approach a staff member.
- Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

1 ***How happy, satisfied, or pleased have you been with your personal life during the past month? (tick one)***

- 1 Extremely happy, could not be more pleased or satisfied
- 2 Very happy most of the time
- 3 Generally, satisfied, pleased
- 4 Sometimes fairly satisfied, sometimes fairly unhappy
- 5 Generally dissatisfied, unhappy
- 6 Very dissatisfied, unhappy most of the time

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2 *How much of the time have you felt lonely during the past month? (Tick one)*

- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |

3 *How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month? (Tick one)*

- | | | | |
|----------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |

4 *During the past month, how much of the time have you felt that the future looks hopeful and promising? (Tick one)*

- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |

5 *How much time, during the past month, has your daily life been full of things that were interesting to you? (Tick one)*

- | | | | |
|----------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |



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6 *How much time, during the past month, did you feel relaxed and free from tension? (Tick one)*

- | | | | | | |
|---|--------------------------|------------------------|---|--------------------------|----------------------|
| 1 | <input type="checkbox"/> | All of the time | 4 | <input type="checkbox"/> | Some of the time |
| 2 | <input type="checkbox"/> | Most of the time | 5 | <input type="checkbox"/> | A little of the time |
| 3 | <input type="checkbox"/> | A good bit of the time | 6 | <input type="checkbox"/> | None of the time |

7 *During the past month, how much of the time have you generally enjoyed the things you do?*

- | | | | | | |
|---|--------------------------|------------------------|---|--------------------------|----------------------|
| 1 | <input type="checkbox"/> | All of the time | 4 | <input type="checkbox"/> | Some of the time |
| 2 | <input type="checkbox"/> | Most of the time | 5 | <input type="checkbox"/> | A little of the time |
| 3 | <input type="checkbox"/> | A good bit of the time | 6 | <input type="checkbox"/> | None of the time |

8 *During the past month, have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel or of your memory? (tick one)*

- | | | |
|---|--------------------------|--|
| 1 | <input type="checkbox"/> | Not at all |
| 2 | <input type="checkbox"/> | Maybe a little |
| 3 | <input type="checkbox"/> | Yes, but not enough to be concerned or worried about |
| 4 | <input type="checkbox"/> | Yes, and I have been a little concerned |
| 5 | <input type="checkbox"/> | Yes, and I am quite concerned |
| 6 | <input type="checkbox"/> | Yes, and I am very much concerned about it |

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9 Did you feel depressed during the past month? (tick one)

- 1 Yes, to the point that I did not care about anything for days at a time
- 2 Yes, very depressed almost every day
- 3 Yes, quite depressed several times
- 4 Yes, a little depressed now and then
- 5 No, never felt depressed at all

10 During the past month, how much of the time have you felt loved and wanted? (tick one)

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

11 How much time, during the past month, have you been a very nervous person? (tick one)

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

12 When have you got up in the morning, this past month, about how often did you expect to have an interesting day? (tick one)

- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |



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13 *During the past month, how much of the time have you felt tense or “high strung”? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

14 *During the past month, have you been in firm control of your behaviour, thoughts, emotions or feelings? (tick one)*

- | | |
|---|--|
| 1 <input type="checkbox"/> Yes, very definitely | 4 <input type="checkbox"/> No, not too well |
| 2 <input type="checkbox"/> Yes, for the most part | 5 <input type="checkbox"/> No, and I am somewhat disturbed |
| 3 <input type="checkbox"/> Yes, I guess so | 6 <input type="checkbox"/> No, and I am very disturbed |

15 *During the past month, how often did your hands shake when you tried to do something? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |

16 *During the past month, how often did you feel that you had nothing to look forward to? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |

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17 *How much of the time, during the past month, have you felt calm and peaceful? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

18 *How much of the time, during the past month, have you felt emotionally stable? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

19 *How much of the time, during the past month, have you felt downhearted and blue? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

20 *How often have you felt like crying, during the past month? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |

21 *During the past month, how often have you felt that others would be better off if you were dead? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |

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22 *How much of the time, during the past month, were you able to relax without difficulty? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

23 *How much of the time, during the past month, did you feel that your love relationships, loving and being loved, were full and complete? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

24 *How often, during the past month, did you feel that nothing turned out for you the way you wanted it to? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |

25 *How much have you been bothered by nervousness, or your "nerves", during the past month? (tick one)*

- 1 Extremely so, to the point where I could not take care of things
- 2 Very much bothered
- 3 Bothered quite a bit by nerves
- 4 Bothered some, enough to notice
- 5 Bothered just a little by nerves
- 6 Not bothered at all by this

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26 *During the past month, how much of the time has living been a wonderful adventure for you? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

27 *How often, during the past month, have you felt so down in the dumps that nothing could cheer you up? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |

28 *During the past month, did you think about taking your own life? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> Yes, very often | 4 <input type="checkbox"/> Yes, at one time |
| 2 <input type="checkbox"/> Yes, fairly often | 5 <input type="checkbox"/> No, never |
| 3 <input type="checkbox"/> Yes, a couple of times | <input type="checkbox"/> |

29 *During the past month, how much of the time have you felt restless, fidgety, or impatient? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

30 *During the past month, how much of the time have you been moody or brooded about things? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |



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31 *How much of the time, during the past month, have you felt cheerful, lighthearted? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

32 *During the past month, how often did you get rattled, upset or flustered? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> Always | 4 <input type="checkbox"/> Sometimes |
| 2 <input type="checkbox"/> Very often | 5 <input type="checkbox"/> Almost never |
| 3 <input type="checkbox"/> Fairly often | 6 <input type="checkbox"/> Never |

33 *During the past month, have you been anxious or worried? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> Yes, extremely to the point of being sick or almost sick | 4 <input type="checkbox"/> Yes, some, enough to bother me |
| 2 <input type="checkbox"/> Yes, very much so | 5 <input type="checkbox"/> Yes, a little bit |
| 3 <input type="checkbox"/> Yes, quite a bit | 6 <input type="checkbox"/> No, not at all |

34 *During the past month, how much of the time were you a happy person? (tick one)*

- | | |
|---|---|
| 1 <input type="checkbox"/> All of the time | 4 <input type="checkbox"/> Some of the time |
| 2 <input type="checkbox"/> Most of the time | 5 <input type="checkbox"/> A little of the time |
| 3 <input type="checkbox"/> A good bit of the time | 6 <input type="checkbox"/> None of the time |

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35 *How often, during the past month, did you find yourself trying to calm down? (tick one)*

1 Always

4 Sometimes

2 Very often

5 Almost never

3 Fairly often

6 Never

36 *During the past month, how much of the time have you been in low or very low spirits? (tick one)*

1 All of the time

4 Some of the time

2 Most of the time

5 A little of the time

3 A good bit of the time

6 None of the time

37 *How often, during the past month, have you been waking up feeling fresh and rested? (tick one)*

1 Always, every day

4 Some days, but usually not

2 Almost every day

5 Hardly ever

3 Most days

6 Never wake up feeling rested

38 *During the past month, have you been under or felt you were under any strain, stress or pressure? (tick one)*

1 Yes, almost more than I could stand or bear

2 Yes, quite a bit of pressure

3 Yes, some more than usual

4 Yes, some, but about normal

5 Yes, a little bit

6 No, not at all

Thank you very much for your help