**CHECKLIST FOR ASSESSING THE ONSET OF MENTAL ILLNESS FOR ADULTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you** …………………….( **please tick**) | **Yes** | **Sometimes** | **No** |
| * Often feel very angry or worried?
 |  |  |  |
| * Feel grief for a long time after a loss or death?
 |  |  |  |
| * Use alcohol or drug excessively?
 |  |  |  |
| * Experience constant mood changes: silent, withdrawn, sad or isolating yourself?
 |  |  |  |
| * Struggle to express your feelings and emotions?
 |  |  |  |
| * Struggle to recognize and manage your stress levels?
 |  |  |  |
| * Have loss of interest in personal hygiene, work or family relationships?
 |  |  |  |
| * Suffer from constant lack of sleep or unexplained headaches?
 |  |  |  |
| * Find it difficult to control and maintain your anger or aggression?
 |  |  |  |

(SA Federation for Mental Health: www.safmh.org.za)

If you answered yes on 3 or more of these questions, we recommend that you seek advice or assistance from mental health care provider of your choice.

**Thank you for taking time in checking your mental health status.**