Mental Illness Test

Name:	Date:

Instructions:

Please answer each of the following questions based on how you have been feeling over the past two weeks. Check the answer that best describes your experience:

#	Mental Illness Question	Not at all	Several days	More than half the days	Nearly every day
1	Have you had persistent feelings of anxiety, worry, or fear?	☐	☐	☐	☐
2	Have you experienced panic attacks, sudden episodes of intense fear or discomfort?	☐	☐	☐	☐
3	Have you had difficulty controlling your worries or intrusive thoughts?	☐	☐	☐	☐
4	Have you experienced physical symptoms such as sweating, trembling, or racing heart associated with anxiety?	☐	☐	☐	☐
5	Have you had recurring unwanted thoughts, images, or impulses that cause distress?	☐	☐	☐	☐
6	Have you felt compelled to perform repetitive behaviors or mental acts in response to these unwanted thoughts or impulses?	☐	☐	☐	☐
7	Have you had a history of traumatic experiences that continue to affect you?	☐	☐	☐	☐
8	Have you had persistent symptoms of sadness, emptiness, or hopelessness?	☐	☐	☐	☐
9	Have you experienced a loss of interest or pleasure in activities you used to enjoy?	☐	☐	☐	☐
10	Have you had feelings of worthlessness or excessive guilt?	☐	☐	☐	☐
11	Have you had recurrent thoughts of death or suicide?	☐	☐	☐	☐
12	Have you experienced changes in your energy level, such as feeling slowed down or restless?	☐	☐	☐	☐
13	Have you had difficulty concentrating, making decisions, or remembering things?	☐	☐	☐	☐
14	Have you had episodes of euphoria, elevated or irritable mood, or increased energy?	☐	☐	☐	☐
15	Have you engaged in impulsive or risky behaviors during these episodes of elevated mood?	☐	☐	☐	☐

Mental Illness Test

16	Have you had persistent feelings of grandiosity or inflated self-esteem?	☐	☐	☐	☐
17	Have you experienced a significant decrease in your need for sleep?	☐	☐	☐	☐
18	Have you had a tendency to be easily distracted or have racing thoughts?	☐	☐	☐	☐
19	Have you had a decreased need for food or a significant increase in appetite?	☐	☐	☐	☐
20	Have you had a marked change in appetite, body weight, or sleeping patterns?	☐	☐	☐	☐
21	Have you had persistent feelings of sadness, hopelessness, guilt, or worthlessness?	☐	☐	☐	☐
22	Have you had difficulty with memory, attention, or decision-making?	☐	☐	☐	☐
23	Have you had difficulty with social interactions or maintaining relationships?	☐	☐	☐	☐
24	Have you had intrusive or obsessive thoughts, images, or impulses that are not related to physical sensations or preoccupations?	☐	☐	☐	☐
25	Have you had a tendency to experience physical symptoms that are not explained by any medical condition, such as headaches, fatigue, or muscle pain?	☐	☐	☐	☐
	SCORE				
	TOTAL SCORE				

Result Interpretation

For each question, select the answer that best represents how you have been feeling over the past two weeks. The score for each question ranges from 0 (Not at all) to 4 (Nearly every day).

Not at all - 1 point **Several days** - 2 points **More than half the days** - 3 points **Nearly every day** - 4 points

After answering all 25 questions, add up your scores for each question to determine your total score. Your total score will range from 0 to 100.

Total score	Interpretation
0-20	You are likely not experiencing a mental illness.
21-40	You may be experiencing mild symptoms of a mental illness. Consider seeking professional help if these symptoms persist.
41-60	You may be experiencing moderate symptoms of a mental illness. Consider seeking professional help to manage these symptoms.
61-80	You may be experiencing significant symptoms of a mental illness. Seeking professional help is strongly recommended.
81-100	You may be experiencing severe symptoms of a mental illness. Seeking professional help is highly recommended.

Please note that this test is not intended to provide a diagnosis and is for informational purposes only. If you are experiencing symptoms of a mental illness, please seek the advice of a qualified mental health professional.