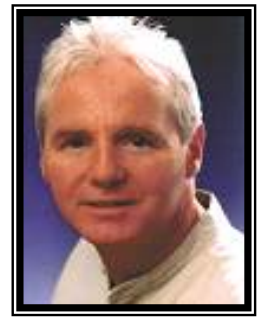


# Dr. Comeau's Two-Minute Mental Health Self Assessment

Dr. K Comeau MD, CCFP *and* Transformation Strategist  
(founder and director of "The Anxiety Prevention and Transformation Program")



## DO YOU EXPERIENCE ANY OF THESE SYMPTOMS OF "STRESS"?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Nervousness  | <input type="checkbox"/> Trouble sleeping                              |
| <input type="checkbox"/> Worrying     | <input type="checkbox"/> Feeling you do not have enough time           |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Unexplained headaches, back or abdominal pain |
| <input type="checkbox"/> Fatigue      |  |

## DO YOU EXPERIENCE ANY OF THESE SYMPTOMS OF "ANXIETY"?

- |   |  |
|---|--|
| <input type="checkbox"/> Excessive stress and/or worrying                         | <input type="checkbox"/> Trouble focusing or concentrating           |
| <input type="checkbox"/> Restlessness, feeling keyed up or edgy                   | <input type="checkbox"/> Poor short term memory, forgetfulness       |
| <input type="checkbox"/> Feeling tense, tired with difficulties sleeping/insomnia | <input type="checkbox"/> Ongoing worries about your health           |
| <input type="checkbox"/> Feeling irritable, angry, upset                          | <input type="checkbox"/> Not feeling you are in control of your life |
| <input type="checkbox"/> Difficulty controlling your thoughts                     |  |

## DO YOU EXPERIENCE ANY OF THE FOLLOWING SYMPTOMS?

(Four or more of these symptoms at one time , with sudden onset with may indicate a "PANIC DISORDER/ATTACK")

- |   |  |
|---|--|
| <input type="checkbox"/> Palpitations (pounding or fast heartbeat)      | <input type="checkbox"/> Dizziness (feeling unsteady, light-headed or faint)     |
| <input type="checkbox"/> Sweating                                       | <input type="checkbox"/> Fear of Losing Control                                  |
| <input type="checkbox"/> Trembling or shaking                           | <input type="checkbox"/> Fear of Going Crazy                                     |
| <input type="checkbox"/> Shortness of breath or sensation of smothering | <input type="checkbox"/> Numbness or tingling                                    |
| <input type="checkbox"/> Chest pain                                     | <input type="checkbox"/> Feelings of Disorientation or Detachment                |
| <input type="checkbox"/> Nausea   | <input type="checkbox"/> Fear of Dying   |
| <input type="checkbox"/> Feelings of choking                            | <input type="checkbox"/> Feelings of extreme fear/ terror for no apparent reason |

## DO YOU EXPERIENCE ANY OF THESE SYMPTOMS OF "DEPRESSION" ?

- |   |   |
|---|---|
| <input type="checkbox"/> Feelings of Sadness or Irritability  | <input type="checkbox"/> Feelings of Guilt, Hopelessness or Worthlessness |
| <input type="checkbox"/> Loss of Interest or pleasure in activities once enjoyed                              | <input type="checkbox"/> Changes in Weight or Appetite                    |
| <input type="checkbox"/> Fatigue or Loss of energy  | <input type="checkbox"/> Changes in sleeping pattern                      |
| <input type="checkbox"/> Inability to Concentrate, Remember Things  | <input type="checkbox"/> Restlessness or Decreased Activity               |
| <input type="checkbox"/> Difficulty Making Decisions  | <input type="checkbox"/> Thoughts of Death or Suicide                     |
| <input type="checkbox"/> Complaints of Physical Aches and Pains for Which No Medical Explanation Can Be Found |   |

## HOW TO INTERPRET YOUR ASSESSMENT

The frequency and number of symptoms you experience in any of the above categories, **and** the greater the intensity of each symptom, indicates the extent of your challenge in that area.

## WHAT TO DO ABOUT YOUR ASSESSMENT

1. If you scored fairly to very high in any category, speak to your Family Doctor or a Mental Health Professional.
2. If you do not fit into any of these categories and are concerned about your mental health, speak to your physician.
3. If you are uncertain or concerned about your results, speak to your physician or a Mental Health Professional.
4. Seek out Counselling, courses dealing with the identified area of concern, self help books, tapes, etc.
5. Visit Dr. Comeau's and our web page – "The Anxiety Prevention and Transformation Program" @ [www.drkcomeau.com](http://www.drkcomeau.com) or call us at 905-333-0116 in Burlington, Ontario.