



Medical Recruitment Psychological Health Questionnaire

Full Name:			
Ref No.:		Role Applied for.:	
Age:		Date of Birth:	

1. Have you ever had:

	Yes	No
Depression		
Anxiety		
A stress-related problem		
An eating disorder		
Obsessive compulsive disorder		
A phobia		
A problem with alcohol		
A problem with drugs (recreational or prescribed)		
Schizophrenia		
Psychosis		
Any other mental health problem (please give details below)		

If you ticked 'yes' in any of the boxes above

2. Please give the (approximate) dates your problem(s) started and finished, or indicate if it is still going on.

3. Do you think that anything in the six months before you were unwell caused your mental health problem? If so, please explain **Yes / No**

4. How did/does the problem affect you in your day to day life? **Yes / No**

5. How did/does the problem affect your work and/or your education (for example sickness absence, delayed exams)? **Yes / No**

6. Have you previously needs adjustments or restrictions at work due to your mental health? **Yes / No**

7. Have you ever seen your GP about the problem? **Yes / No**
If you answered 'yes', when did you last attend?

8. Have you ever seen a psychiatrist or been to a mental health clinic? **Yes / No**
If you answered 'yes', when did you last attend?

9. Have you ever been in hospital because of a mental health problem? **Yes / No**
 If you answered 'yes', please give the dates (approximate)

10. What treatment have you had for your problem?
Please include tablets or other medication, and 'talking treatments' like counselling or psychotherapy. Please write 'None' if you have never received treatment. Write the (approximate) start and finish dates of any treatment, and whether you are still on it.

11. Have you ever harmed yourself intentionally (for example, taken an overdose of drugs)? **Yes/ No**
 If you answered 'yes', please tell us more about this

12. In the past six months, have you:

	Yes	No
Frequently had problems sleeping?		
Found yourself waking early in the morning?		
Often been unable to concentrate on what you are doing?		
Frequently found yourself feeling tired when you wake up?		
Frequently felt under strain or unable to relax?		
Frequently had unpleasant thoughts or images?		
Felt you could not overcome your difficulties?		
Felt depressed?		
Lost confidence in yourself?		
Considered yourself as a worthless person?		
Felt generally unhappy and stressed?		

13. Is there anything else that you would like to tell us about or feel would be helpful for us to know?

I confirm that to the best of my knowledge all information detailed in this form is accurate. I understand that any false claim or deliberate omission may result in my offer of employment being withdrawn and / or disciplinary action being taken against me if it is subsequently identified that I have provided misleading information.

Signature: **Date:**