

MENTAL HEALTH CHECK-LIST (MHC)

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Instructions:

Below are given a list of conditions-both mental and physical. You are requested to read them carefully and put a tick (✓) mark at an appropriate place against each of them showing your agreement or disagreement. Since all this information happens to be of personal nature, it is assured that your replies would be kept confidential and used only for research purpose. However, if you desire to know your result, you may contact me personally.

Thanks.

Personal Data:

Name	Age	
Sex	Education	Income
Occupation	Marital status	

Score:

Section	A	B	Total
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Score :

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(2)
SECTION-A

2. Do you suffer from?	Always (4)	Often (3)	At times (2)	Rarely (1)
Anxiety & Tension
Restlessness
Nervousness
Loneliness
Hopelessness
Anger
Score				

SECTION-B

1. Do you also suffer from?	Always (4)	Often (3)	At times (2)	Rarely (1)
Headache
Tiredness
Disturbed sleep
Indigestion
Acidity
Score				