

205 Bryce Circle, Suite B, Simpsonville, SC 29681

Use this brief screening to help you identify if further help or therapy is needed. Circle the number on the scale that best connects with your answer.

1. How often do you feel down or depressed?							
(N	0 Never)	1	2	3		5 (All the time)	
2.	How often do you feel anxious, tense, or nervous?						
(N	0 Vever)	1	2	3		5 (All the time)	
3. How frequently do you engage in social outings or activities with friends?							
7)	0 Very ofte		2	3	4	5 (Never)	
4.	4. How much conflict, stress, or tension do you feel in your romantic relationship?						
(N	0 None)	1	2	3	4	5 (Very conflicted, often tense)	
5. How satisfied are you with your sexual intimacy?							
(\)	0 Very sati		2			5 (Not at all satisfied)	
11.	. ,			1.0			

Add the numbers you circled for each question. If you scored approximately a 12 or greater, therapy could be very helpful for you. This screening is not meant to be a diagnostic tool, but it can give you a good start to identifying your mental health needs and relationship needs.

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