

Questionnaire of Learning and Mental Health Problems

Name: _____

Age: _____

Date: _____

Gender:

male

female

other

Native language: _____

The purpose of this screening is to identify learning difficulties and mental health problems and encourage bringing up issues related to them. The questionnaire may aid in bringing up the issues into discussion and raise the need for further investigation.

The following questions cover various types of learning disabilities. If you feel that you **usually have difficulties** in the following areas (either currently or in the past), please circle the option 'Yes' (1). If you do not have such difficulty, please circle 'No' (0).

I have difficulties in:	Yes	No
1. reading fast	1	0
2. writing without spelling mistakes	1	0
3. reading comprehension or identifying key points from a text	1	0
4. learning foreign languages	1	0
5. listening comprehension, such as understanding long instructions	1	0
6. telling and explaining matters fluently	1	0
7. remembering what I read	1	0
8. remembering what the other person just said	1	0
9. planning things in advance and following that plan	1	0
10. starting to do tasks	1	0
11. staying focused (for example, I easily drift into my own thoughts)	1	0
12. sitting still (for example, I fidget, drum with my fingers or fiddle with something)	1	0
13. concentrating on obligatory tasks that I find uninteresting	1	0
14. inhibiting rash comments or acts (impulsiveness)	1	0
15. manage to complete assignments in mathematics	1	0

I have difficulties in:	Yes	No
16. mental calculation (without assistive tools or devices)	1	0
17. understanding, reading or writing large numbers (tens of thousands or larger)	1	0
18. converting measurement units (for example, decilitres into litres, hours into minutes)	1	0
19. doing tasks requiring precision, without making mistakes	1	0
20. reading a map or finding a new place	1	0
21. building or assembling from a model	1	0
22. drawing or copying three-dimensional models	1	0
23. doing tasks that require hand precision	1	0

The following questions concern your feelings **during the last month**.
For each question, please circle the number that best describes your feelings.

During the last four weeks:	Not at all	To some extent	Quite a lot	Very much
24. I felt blue	0	1	2	3
25. I felt everything was an effort	0	1	2	3
26. I felt lonely	0	1	2	3
27. I felt hopeless about the future	0	1	2	3
28. I had feelings of worthlessness	0	1	2	3
29. I felt that all joy had disappeared from my life	0	1	2	3
30. I had feelings of dread or panic	0	1	2	3
31. I was afraid that something terrible could happen	0	1	2	3
32. I suffered from trembling, sweating or racing heartbeat	0	1	2	3
33. I felt restless without any particular reason	0	1	2	3
34. I suffered from anxiety	0	1	2	3
35. I was afraid of being the centre of attention	0	1	2	3
36. I felt anxious at places where it could be difficult to get away	0	1	2	3
37. I felt intense fear in situations where I had to deal with people unknown to me	0	1	2	3
38. I suffered from repetitive behaviour (for example, hand washing, arranging objects, checking things)	0	1	2	3