RASP Screener

Name: ___________________________________ Date: __________________

Are any of the following statements true for you during the past week? Place a check mark (✓) next to those statements that are currently true for you during the past week.

1. I’ve been feeling more worried or nervous than usual. ______
2. I’ve been feeling more restless or tense than usual. ______
3. I’ve been feeling more angry or irritable than usual. ______
4. I’ve been staying away from others more than usual. ______
5. I’ve been getting too little sleep. ______
6. Something specific happened recently that really upset me. ______
7. I don’t have an emotional or mental health problem. ______
8. I don’t need to take medication or be treated for an emotional or mental health problem. ______