

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.

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|---|--|-------------------------------------|
| 1 | I've been feeling more worried or nervous than usual. | <input checked="" type="checkbox"/> |
| 2 | I've been feeling more restless or tense than usual. | <input type="checkbox"/> |
| 3 | I've been feeling more angry or irritable than usual. | <input type="checkbox"/> |
| 4 | I've been staying away from others more than usual. | <input type="checkbox"/> |
| 5 | I've been getting too little sleep. | <input type="checkbox"/> |
| 6 | Something specific happened recently that really upset me. | <input type="checkbox"/> |
| 7 | I don't have an emotional or mental health problem. | <input type="checkbox"/> |
| 8 | I don't need to take medication or be treated for an emotional or mental health problem. | <input type="checkbox"/> |