

Pre-First Appointment Mental Health Survey

Full name: _____ Date of birth: _____

Date today: _____ Date of your first appointment: _____

Gender: Male Female Non-binary

Relationship status: Single Married Widowed Divorced Separated

Instructions: Hello! This is a questionnaire to gauge your mental health. The answers that you will provide will help your assigned psychologist to frame the discussion for your first session with them. Please answer the questions as soon as this is handed to you, or if you received this via email, please send it to _____ at least the day before your scheduled first appointment.

1. How would you rate your overall mental health state right now?

- Excellent
- Good
- Average
- Poor
- Not sure

2. Do you currently have any concerns regarding your mental health (e.g. you have bouts with anxiety, depression, stress, etc.)?

- Yes
- No

3. During the past month or quarter, did you encounter any problems with your daily life and school/work caused by mental health issues like sadness, anxiety, depression, etc.? (Yes or No)

- Yes
- No

4. If yes, would you mind describing these problems? Be as descriptive as you can possibly be. Write N/A if you answered No.

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5. During the past month or quarter, has your mental health affected your performance in school/work?

Yes

No

6. If yes, how has your mental health affected your performance in school/work? Be as descriptive as you can possibly be. Write N/A if you answered No.

7. During the past month or quarter, has your mental health affected your dietary habits?

Yes

No

8. If so, how has it affected your dietary habits? Be as descriptive as you possibly can be. Write N/A if you answered No.

9. Do you drink and/or smoke?

I drink

I smoke

I drink and smoke

I don't do either

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10. Has your mental health affected your routine?

Yes

No

11. If so, how has it affected your routine? Be as descriptive as you possibly can be. Write N/A if you answered No.

12. Have you felt any extended periods of feeling down because of your mental health?

Yes

No

13. If so, what was the longest period of your feeling down in the past month or quarter?

Less than a week

An entire week

Two weeks

Three weeks

A month

A whole quarter

Other: _____

14. Has your mental health affected any of your relationships in the past month or quarter?

Yes

No

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15. If you answered yes, how often did it affect your relationships in the past month or quarter? Select N/A if you answered No.

- Most of the time
- A good amount of time
- A little bit of time
- N/A

16. Can you describe how it affected at least one of your relationships? This is optional.

17. Are you content with your relationships?

- Yes, I am content
- Sometimes
- No, I am not

18. Did anyone support you with your mental health? Tick all that apply.

- Parent(s)
- Sibling(s)
- Friend(s)
- Teacher(s)
- My significant other
- Counselor
- Therapist
- A professional
- I didn't want any support and didn't look for one until now
- No one supported me

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19. When was the last time you felt happy about yourself and/or had a positive outlook on life?

20. Did you change jobs recently? If you're a student, answer N/A.

- Yes
- No
- N/A

21. Did you change jobs/leave your work because of your mental health? If you're a student, answer N/A.

- Yes
- No
- N/A

22. If you changed jobs/left your work because of your mental health, can you describe the factors that impacted your mental health while at work? If you're a student, write N/A.

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23. Does your family have a history of mental health issues? If so, who and would you happen to know the kind(s) of mental health issues they've had?

24. Anything else you want to share regarding your mental health?