

Psychological Questionnaires

Personal Information:

Name:

Age:

Gender:

Contact Information:

Part I

General Health and Well-being

1. On a scale of 1-10, how would you rate your overall physical health?

2. On a scale of 1-10, how would you rate your overall mental health?

3. Do you currently have any medical conditions or illnesses?

4. Have you ever been diagnosed with a mental health disorder?

Part II

Emotional Well-being

1. How often do you experience intense feelings of sadness or depression?

2. How frequently do you feel anxious or overwhelmed?

3. Do you often experience mood swings or emotional instability?

Part III

Relationships and Social Interactions

1. How satisfied are you with your current relationships?

2. Do you feel supported by your friends and family?

3. Have you recently experienced any significant changes or challenges in your relationships?

Self-esteem and Self-image

1. How would you rate your overall self-esteem?

2. Are you generally confident in yourself and your abilities?

3. Do you have a positive or negative self-image?

Coping Mechanisms and Stress Management

1. How do you typically cope with stress or challenging situations?

2. Are you satisfied with your current stress management strategies?

3. Have you recently experienced high levels of stress?

Lifestyle and Habits:

1. How would you describe your sleep patterns and quality of sleep?

2. Do you engage in regular physical exercise or activities?

3. Are you satisfied with your current lifestyle choices?

Additional Comments:

Please feel free to provide any additional information or comments that you believe may be relevant to your psychological well-being.