

Research Questionnaire For Mental Health

This questionnaire is designed to gather information about the mental health experiences and well-being of individuals. The data collected will help researchers understand common mental health concerns, the availability of support systems, and the effectiveness of mental health resources. Your responses will be kept confidential and used solely for research purposes.

Instructions:

Please answer the following questions as honestly as possible. Select the option that best describes your experience or opinion.

Section 1: General Information

1. Age
2. Gender
 - Male
 - Female
 - Non-binary/Third gender
 - Prefer not to say
3. How would you describe your overall mental health?
 - Excellent
 - Good
 - Fair
 - Poor

4. Do you have a history of mental health issues?

- Yes
- No
- Prefer not to say

Section 2: Mental Health and Well-being

5. How often do you experience feelings of stress or anxiety?

- Almost every day
- Several times a week
- Occasionally
- Rarely
- Never

6. Over the past month, how often have you felt overwhelmed by your responsibilities or personal issues?

- Almost every day
- Several times a week
- Occasionally
- Rarely
- Never

7. How often do you feel sad or hopeless for extended periods of time?

- Almost every day
- Several times a week
- Occasionally
- Rarely
- Never

8. Have you ever been diagnosed with any of the following mental health conditions?

- Depression
- Anxiety
- Bipolar disorder
- PTSD
- OCD
- Other
- None

9. How often do you seek professional help for your mental health?

- Regularly
- Occasionally
- Rarely
- Never

Section 3: Coping Mechanisms and Support

10. What coping mechanisms do you use when dealing with stress or anxiety?

- Talking to friends/family
- Physical exercise
- Meditation or mindfulness
- Avoidance
- Professional help
- Other

11. How accessible do you find mental health resources in your area?

- Very accessible
- Somewhat accessible

- Not accessible
- Don't know

12. Do you feel that there is a stigma surrounding mental health issues in your community?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Section 4: Impact on Daily Life

13. How often do mental health concerns interfere with your daily activities?

- Almost every day
- Several times a week
- Occasionally
- Rarely
- Never

14. Do you feel comfortable discussing your mental health with friends or family?

- Yes
- Sometimes
- No

15. How well do you feel your current support system helps you manage your mental health?

- Very well
- Somewhat

- Not well
- I don't have a support system

Section 5: Closing Thoughts

16. What changes or improvements do you think could help support mental health in your community?

17. Is there anything else you would like to share about your mental health experiences? The data collected from such questionnaires can be used for research studies, clinical assessments, or program development for improving mental health care services.