

Mental Health Research Screening Questionnaire

Full Name

Age

Email

Gender

In the past two weeks, have you felt down, depressed, or hopeless?

☐ Yes ☐ No

In the past two weeks, have you experienced little interest or pleasure in doing things?

☐ Yes ☐ No

Have you ever been diagnosed with a mental health condition by a professional?

☐ Yes ☐ No

If yes, please specify:

Are you currently receiving any treatment or support for mental health?

☐ Yes ☐ No

Is there anything else you would like to share about your mental health?