

Mental Health Research Survey

Personal Information

Full Name

Age

Gender

Mental Health & Well-being

How often do you experience stress?

Never

Occasionally

Often

Always

What factors affect your mental health? (Select all that apply)

Work

Family

Finances

Relationships

Physical Health

Mental Health Support

Have you ever sought professional help for mental health concerns?

Yes

No

Which support methods have you used or would consider using?

Therapy/Counseling

Medication

Self-help resources

Support groups

Other

Additional Comments

Please share any additional thoughts

