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| Mental Health Module | | | | | **Please remember your answers are anonymous**. | | | | | | | |
| **These next questions are about your mental and emotional health.** | | | | | | | | | | | | |
|  | During the past 4 weeks (28 days), how much of the time did you feel … *(Circle the best response)* | | | | | | | | | | | |
|  |  | …so sad nothing could cheer you up? | | All of the time | | Most of the time | Some of the time | | | | A little of the time | None of the time |
|  |  | …nervous? | | All of the time | | Most of the time | Some of the time | | | | A little of the time | None of the time |
|  |  | …restless or fidgety? | | All of the time | | Most of the time | Some of the time | | | | A little of the time | None of the time |
|  |  | …hopeless? | | All of the time | | Most of the time | Some of the time | | | | A little of the time | None of the time |
|  |  | … that everything was an effort? | | All of the time | | Most of the time | Some of the time | | | | A little of the time | None of the time |
|  |  | …worthless? | | All of the time | | Most of the time | Some of the time | | | | A little of the time | None of the time |
|  |  | …anxiety? | | All of  the time | | Most of the time | Some of the time | | | | A little of the time | None of the time |
|  | In the past year, was there any time when you thought you had a mental health, nervous, emotional, drug or alcohol problem? | | | | | | | | | 🞏 Yes 🞏 No | | |
|  | In the past year, have you sought help from someone other than your friends or family for your emotions, nerves, mental health, or your use of alcohol or drugs? | | | | | | | | | 🞏 Yes 🞏 No | | |
|  | *(If yes to Q3)*  Did you receive help from someone other than your friends or family for your emotions, nerves, mental health, or your use of alcohol or drugs? | | | | | | | | | 🞏 Yes 🞏 No | | |
|  | *(If yes to Q4)*  How did you access help? | | 🞏 In-person  🞏 Hotline  🞏 Telemedicine (self-pay) | | | | | 🞏 Telemedicine (insurance pay)  🞏 Text therapy | | | | |
|  | During the past year, have you had difficulty accessing treatment for a mental health or substance abuse problem? | | | | | | | | 🞏 Yes 🞏 No | | | |
|  | In the past year, have you felt so low at times that you thought about committing suicide? | | | | | | | | 🞏 Yes 🞏 No 🞏 Not Sure | | | |
|  | In the past year, have you attempted suicide? | | | | | | | | 🞏 Yes 🞏 No 🞏 Not Sure | | | |
|  | In the past year, did a family member attempt suicide? | | | | | | | | 🞏 Yes 🞏 No 🞏 Not Sure | | | |
|  | During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? | | | | | | | | \_\_\_\_\_\_ Days (0 = None) | | | |