

Demographic Information

1. What is your age?
2. What is your gender?
3. What is your highest level of education?
4. What is your current employment status?
5. Which county do you live in?

Mental Health and Well-Being

6. How often do you feel stressed or anxious?

- Never
- Rarely
- Sometimes
- Often
- Always

7. How satisfied are you with your life overall?

- Very dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very satisfied

8. Over the past two weeks, how often have you felt down, depressed, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

Social Support and Relationships

9. Do you have someone you can talk to about personal problems?

- Yes
- No

10. How often do you feel lonely?

- Never
- Rarely
- Sometimes
- Often
- Always

Coping Strategies

11. When you feel stressed, what coping strategies do you use? (Select all that apply)

- Talking to friends or family
- Exercising
- Meditating or praying
- Using social media
- Seeking professional help
- Other (please specify)

Access to Mental Health Services

12. Have you ever sought help from a mental health professional?

- Yes
- No

13. If no, what prevents you from seeking help? (Select all that apply)

- Stigma
- Cost
- Lack of availability
- Lack of information
- Personal belief
- Other (please specify)

Cultural and Environmental Factors

14. How much do you think cultural beliefs impact your mental health?

- Not at all
- A little
- Moderately
- A lot
- Extremely

15. How safe do you feel in your neighborhood?

- Very unsafe
- Unsafe
- Neutral
- Safe
- Very safe

Physical Health

16. How often do you engage in physical exercise?

- Never
- Rarely
- Sometimes
- Often
- Always

17. How would you rate your physical health?

- Very poor
- Poor
- Fair
- Good
- Very good

Substance Use

18. How often do you consume alcohol?

- Never
- Rarely
- Sometimes
- Often
- Always

19. How often do you use tobacco products?

- Never
- Rarely
- Sometimes
- Often
- Always

General Well-Being

20. What are your primary sources of stress? (Select all that apply)

- Work
- Family
- Financial issues
- Health concerns
- Relationships
- Other (please specify)