



InspireMe360 – Mental Health Questionnaire

This questionnaire is designed to help us better understand your mental health history and current well-being. Your responses are confidential and will only be used to provide you with the most supportive and safe retreat experience possible.

Personal Information

Full Name:	
Date of Birth:	
Phone Number:	
Email Address:	
Emergency Contact Name:	
Emergency Contact Phone:	
Relationship to Emergency Contact:	

Mental Health History (Check all that apply)

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Depression	<input type="checkbox"/> PTSD	<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> OCD	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Substance Use Disorder
<input type="checkbox"/> Panic Disorder	<input type="checkbox"/> Social Anxiety Disorder	<input type="checkbox"/> Phobias	<input type="checkbox"/> Other:

Current Mental Health Status

How would you rate your overall mental health currently? (Excellent / Good / Fair / Poor)
Are you currently experiencing any significant stress? If yes, please describe:
Have you had thoughts of self-harm or suicide in the past 6 months? (Yes / No)
Do you have a current mental health care provider? (Yes / No) If yes, name & contact info:
Are you currently taking any medications for mental health? (Yes / No) If yes, list:

Coping Strategies & Support Systems

What strategies or practices help you cope with stress or difficult emotions?
Do you have friends, family, or a community you can rely on for emotional support? (Yes / No)
What do you hope to gain emotionally and mentally from this retreat?

Sleep & Lifestyle

On average, how many hours of sleep do you get per night?
Do you experience frequent nightmares or night terrors? (Yes / No)
Do you exercise regularly? (Yes / No) If yes, describe:
Do you practice mindfulness, meditation, or breathing exercises? (Yes / No)



Consent & Signature

I understand that the information provided in this questionnaire is confidential and will only be used to ensure my safety and well-being during my participation in InspireMe360 programs.

Signature:		Date:	
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