

### **Brief contact and health questionnaire**

Please complete the survey below. The answers you provide will be used to match you with research studies for which you might be eligible. This survey will also give you a chance to tell us what you think mental health research should focus on. As a reminder, all of your responses are confidential. You can leave any questions blank that you do not feel comfortable answering, and you can discontinue this survey at any point. Thank you very much for your time.

#### **Contact Information**

Date of Submission

#### **Identifying Information**

First (preferred) Name:

Last Name:

#### **Email**

Personal Email:

#### **Primary Phone Number**

Primary phone number:

Which one of the following best describes your primary phone number?

- Home
- Cell
- Work
- Other

Can we leave a voicemail at this number?

- Yes
- No

Can we send a text message to this number?

- Yes
- No

Please select the best time to call at your primary phone number:

- 9:00 AM – 12:00 PM (Noon)
- 12:00 PM (Noon) – 5:00 PM
- 5:00 PM – 8:00 pm
- Other time period

#### **Alternative Phone Number**

Alternate Phone Number:

Which of the following best describes your alternate phone number

- Home
- Cell
- Work
- Other

Can we leave a voicemail at this number?

- Yes

No

Can we send a text message to this number?

Yes

No

Please select the best time to call at your alternate phone number:

9:00 AM – 12:00 PM (Noon)

12:00 PM (Noon) – 5:00 PM

5:00 PM – 8:00 pm

Other time period

Mailing Information:

Address:

Apartment/Unit Number:

City:

Zip Code:

May we send mail to this address (e.g. information about the registry, information about research studies at MSU, etc.)?

Yes

No

What is your preferred method of contact?

Call to primary phone number

Text message to primary phone number

Email

Personal Information

*Please complete the following questions. Your answers will help us find research studies for which you may be eligible*

Date of Birth:

Which term best describes your current gender identity:

Man

Woman

Non-binary or genderqueer

Not listed

Prefer not to answer

Do identify as transgender?

Yes

No

Prefer not to answer

Which pronouns do you use?

He/his

She/her

They/them

Not listed

Prefer not to answer

What was your sex assigned at birth?

- Male
- Female
- Intersex
- Prefer not to answer

Which of the following best describes your race/ethnicity? (select all that apply)

- African American or Black
- American Indian or Alaska Native
- Asian or Asian American
- Hispanic, Latinx, or Spanish Origin
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Not listed

Please describe your race/ethnicity:

Prefer not to answer

Which term(s) best describe your sexual orientation? (select all that apply)

- Asexual
- Bisexual
- Gay
- Straight (heterosexual)
- Lesbian
- Pansexual
- Queer
- Questioning or unsure
- Same-gender loving
- An identity not listed
- Prefer not to answer

Please select your highest level of education:

- No formal education
- Elementary school (K-5<sup>th</sup> grade)
- Middle school (6<sup>th</sup>-8<sup>th</sup> grade)
- High school (9<sup>th</sup>-12<sup>th</sup> grade)
- Trade school
- College University
- Post-graduate education
- Other
- Prefer not to answer

How many children do you have?

(If you have children)

What are your children's ages? \_\_\_\_\_

Have you ever been seen, diagnosed or treated by a health professional for a mental health condition (e.g. emotional/psychiatric, learning, substance use, or addiction problem?)

- Yes
- No
- Prefer not to answer

(if Yes) Please select from the following conditions (check all that apply)

- Schizophrenia, Schizoaffective Disorder, or Schizophreniform Disorder
- Bipolar Disorder
- Depression
- Autism
- ADHD
- Learning Disorder
- Phobia
- Panic Disorder
- Generalized Anxiety Disorder
- Social Anxiety Disorder
- Obsessive-Compulsive Disorder
- Post-traumatic Stress Disorder
- Eating Disorder
- Drug use
- Substance use

(If yes) Which substances have you had difficulties with?

- Drug(s)
- Alcohol
- Personality Disorder
- Other disorder(s)

Do you have a first-degree relative (e.g. sibling, parent, or child) who has been seen, diagnosed or treated by a health professional for a mental health condition (e.g. emotional/psychiatric, learning, substance use, or addiction problem?)

- Yes
- No
- Prefer not to answer

(if Yes) Please select from the following conditions (check all that apply)

- Schizophrenia, Schizoaffective Disorder, or Schizophreniform Disorder
- Bipolar Disorder
- Depression
- Autism
- ADHD
- Learning Disorder
- Phobia
- Panic Disorder
- Generalized Anxiety Disorder
- Social Anxiety Disorder
- Obsessive-Compulsive Disorder
- Post-traumatic Stress Disorder
- Eating Disorder

- Substance use  
(If yes) Which substances have they had difficulties with?
  - Drug(s)
  - Alcohol
- Personality Disorder
- Other disorder(s)

Do you identify as having a physical disability?

- Yes
- No
- Prefer not to answer

(if Yes) Please describe the nature of your disability:

Do you have any difficulty with your vision that is not corrected by glasses or contact lenses?

- Yes
- No
- Prefer not to answer

(if Yes) Please describe your vision difficulties:

Do you have any difficulty with your hearing?

- Yes
- No
- Prefer not to answer

(if Yes) Please describe your hearing difficulties:

### Accommodations

*Please complete the following questions, your answers will help researchers make participation as easy as possible for you.*

What accommodations, if any, can researchers provide to ensure that the environment supports your abilities?

How do you typically travel to appointments? Please select all that apply.

- I have access to a car, and drive myself
- I get a ride from a friend or family member
- I use public transportation
- I take a cab or use a rideshare program (e.g. Uber, Lyft, etc.)
- I bike or walk
- Other

### Free Response

*Your responses to these questions will help mental health researchers understand what motivates people to participate in research and what mental health questions are most important to community members.*

What are your reasons for wanting to participate in mental health research?

What questions related to mental health would you like to see researchers trying to answer?