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
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
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-5th grade)
   Middle school (6th-8th grade)
   High school (9th-12th 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?