



Mental Health Questionnaire

Applicant Name _____ DOB _____

Our program intentionally places participants in physically and emotionally challenging situations. Through this process, participants uncover newfound strengths and potential. However, there are environmental and social factors that can cause difficulty during this program. It is important we know your history as well as possible to determine goodness of fit and develop a wellness plan for your Rooted Life Adventures program. Thank you for trusting us with the following information.

Are you currently in counseling? Yes No

How often do you see your counselor? _____ times per month

How long have you been in counseling? From: _____ To: _____

Please give a detailed description of all of the following that you have experienced in the last 2 years:

- Low motivation _____
- Academic struggles _____
- Difficulty Concentrating _____
- Substance abuse _____
- Low self-esteem _____
- Tearful or crying spells _____
- Anxiety _____
- Depression _____
- ADD/ADHD _____
- Irritability _____
- Anti-social behavior _____
- Anger _____
- Self-destructive tendencies _____
- Resistance to authority _____
- Aggressive or rebellious behavior _____
- Lack of empathy _____



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- Unhealthy coping mechanisms _____
- Impulsive behavior _____
- Any OCD tendencies _____
- Use of drugs or alcohol _____
- Dizziness/ Headaches _____
- Rapid Heart Rate _____
- Stomach/ Digestion Issues _____
- Disordered Eating _____
- Decreased appetite _____
- Insomina or Oversleeping _____
- Disassociation _____
- Isolation _____
- Loneliness _____
- Apathy _____
- Extreme Sadness _____
- Phobias _____
- Family issues/ Divorce/ Death _____
- Other _____

Have you ever experienced self-harming behaviors? _____ If so, when? _____

Have you ever experienced suicidal ideation? _____ If so, when? _____

Have you ever attempted suicide? _____ If so, when? _____

Have you ever been hospitalized for a psychiatric issue? _____ If so, when? _____



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How do the above issues present in your life? Be specific.

What do your symptoms look like on a good day?

What do your symptoms look like on a bad day?

Can you describe what treatment/ counseling you have done to address the above challenges?
What has changed and what do you feel you are able to do now?

Are you attending our program to address issues related to your counseling? Please explain.

Could the issues being addressed prevent successful completion of our program? Please explain.

How do you engage in self-care /self-regulation? Tell us about the skills you have developed.



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Please rate the following statements by choosing a number from 1-7 using the scale: (1)Strongly Disagree (4) Neutral (7) Strongly Agree

1. I can accomplish most things I set my mind to. 1 2 3 4 5 6 7
2. I know that I can do hard things even if I don't want to in the moment 1 2 3 4 5 6 7
3. I notice if my mood is affecting others and try to mitigate its effect 1 2 3 4 5 6 7
4. I have a sense of direction and purpose in my life. 1 2 3 4 5 6 7
5. I am able to work productively with others. 1 2 3 4 5 6 7
6. I have a positive outlook on my next steps in life 1 2 3 4 5 6 7
7. I am sensitive to the needs and feelings of others. 1 2 3 4 5 6 7
8. I know how to be a good friend and what a good friend is 1 2 3 4 5 6 7
9. I respect and feel a connection to nature. 1 2 3 4 5 6 7
10. I know how to regulate myself when I have strong emotions 1 2 3 4 5 6 7
11. I find peaceful solutions to conflict. 1 2 3 4 5 6 7
12. I feel proud of myself. 1 2 3 4 5 6 7
13. I am flexible in my thinking and ideas. 1 2 3 4 5 6 7
14. I practice self-care regularly 1 2 3 4 5 6 7
15. I realize my potential. 1 2 3 4 5 6 7
16. I stand up for myself if someone crosses my boundaries 1 2 3 4 5 6 7
17. I know who I am and have a strong sense of my identity 1 2 3 4 5 6 7
18. I feel valued in my present community 1 2 3 4 5 6 7
19. I deal well with unexpected events. 1 2 3 4 5 6 7
21. I ask others for help when I need it 1 2 3 4 5 6 7
22. I realize the value of and embrace the differences that others may have from me. 1 2 3 4 5 6 7
23. I take accountability for my mistakes 1 2 3 4 5 6 7