



Mental Health Story Questionnaire

Purpose

The purpose of this questionnaire is to collect lived-experience stories that may help reduce stigma, encourage help-seeking, and support education efforts through mental health and suicide prevention programs. Stories may be used to help others recognize signs of mental health challenges, understand the value of early support, and feel encouraged to talk to someone or seek help.

Voluntary Participation

Your participation is completely voluntary. You may skip any question or stop at any time. Choosing not to participate will not affect your access to services, training, or support in any way.

Personal Experience

1. Please share a bit about a mental health challenge you have experienced.

2. What was a turning point, moment, or realization that helped you begin to cope or heal?

3. What did your mental health journey look like over time? (For example: ups and downs, slow progress, setbacks, growth.)

What Helped

4. What support, tools, or strategies were most helpful to you? (Examples: a person, professional support, medication, routine, faith, exercise, peer support, education, time, etc.)

5. Was there something someone said or did that made a meaningful impact for you?

6. Looking back, what do you wish you had known earlier in your journey?

Encouraging Others

7. If someone is hesitant to talk to others or ask for help, what encouragement would you offer them?

8. What helped you feel less alone?

Reducing Stigma & Improving Support

9. What beliefs or misunderstandings about mental health made your journey more difficult, and what would you want others to understand?

10. What could communities, workplaces, schools, or healthcare systems do better to support mental health?

Consent to Share Mental Health Stories

By sharing your story, you agree it may be used to encourage others and reduce stigma.

How Your Story May Be Used

With your permission, your story or quotes may appear in:

- Educational materials, presentations, or reports
- Websites, newsletters, or social media
- Community awareness efforts

Stories may be edited for clarity or length without changing meaning.

Privacy Options

Choose how your story is shared:

- With your name
- Anonymously
- Internal use only (not public)

No identifying details will be shared without your consent.

Important Note

Sharing your experience may bring up emotions. If you need support, reach out to someone you trust or a mental health professional. If you or someone you know is in crisis, call or text **988** for the Suicide & Crisis Lifeline.

Consent Acknowledgement (Required)

Please select one option:

- I give permission** for my responses to be shared publicly **with my name**.
- I give permission** for my responses to be shared publicly **without my name (anonymous)**.
- I do not give permission** for my responses to be shared publicly; they may be used for internal learning only.
- I understand that my participation is voluntary and that I may choose what and how much to share.

Optional Follow-Up Permission

- You may contact me for clarification or if I am selected for future storytelling opportunities.

(If yes, please provide preferred contact information.)

IF you give permission to share, please provide contact info:

Name:	
Phone:	
Email:	
Date:	
Signature:	

