APPENDIX 3:
PRE-TRIP MENTAL HEALTH FORM

Information on this form is used to help us better understand and support you during the trip. This information is confidential and will only be accessed by company staff.

1a. Please let us know if you have experienced in the past, or currently experience:

	Past	Recent or Current
Anxiety or excessive worry	☐	☐
Panic attacks	☐	☐
Mood disorder (e.g. depression, bipolar)	☐	☐
Grief	☐	☐
Trauma / PTSD	☐	☐
Psychotic episode	☐	☐
Self-injury	☐	☐
Suicidal thoughts	☐	☐
Suicide attempt	☐	☐
Other	☐	☐

1b. If you checked any of the boxes above, please describe:

_____

_____

1c. Are there any specific "triggers" you know of for any of the above?

_____

_____

1d. If you checked "yes" to panic attacks, please describe what happens, how long they last, how often you have had them, and what you do when you have a panic attack.

_____

_____

2. Please let us know about specific fears or phobias you may encounter on this trip (e.g. heights, snakes):

_____

_____

3. Any big stressors, or recent traumatic events or losses, in your life right now?

_____

_____

4a. Have you seen a mental health professional in the past 12 months? If so, for what? (generally)

_____

4b. Please provide their name and contact information if it could be helpful for us to talk to them before or during the trip, as a resource to be better able to support you. (*Please also let them know that we have permission to contact them*).

Their name: _____ Email/phone: _____

5. Please provide information for all prescription and non-prescription medications and substances:

Medication name			
Dosage			
What is it taken for?			
How often is it taken?			
How long have you been taking this dose?			
Any side effects?			
What happens if you miss a dose?			

6. When you experience stress or a mental wellness challenge, what are your "coping strategies" and self-care practices? How do you take care of yourself?

_____

_____

7. What can we do to support you on this trip? (e.g. check ins, communication on what to expect, etc)

_____