

APPENDIX 2: PRE-TRIP MENTAL HEALTH FORM

This information is confidential and will not be shared with other participants. Please let us know if you have experienced in the past, or currently experience:

Mental wellness	Recent or Current	Past
Anxiety or excessive worry	<input type="checkbox"/>	<input type="checkbox"/>
Panic attacks	<input type="checkbox"/>	<input type="checkbox"/>
Mood disorder (e.g. depression, bipolar)	<input type="checkbox"/>	<input type="checkbox"/>
Grief	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis	<input type="checkbox"/>	<input type="checkbox"/>
Self-injury	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>
Suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

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

Are there any specific “triggers” you know of for any of the above?

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.

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

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

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

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?			

When you experience stress or a mental health challenge, what are your “coping strategies”? How do you take care of yourself?

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