**Employee Mental Health Self-Assessment Form**

**Section 1: Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | John Doe | **Employee ID:** | EMP-4587 |
| **Position/Title:** | Sales Associate | **Department:** | Sales |
| **Date** |  | **Assessment Period (Month/Quarter)** |  |

**Section 2: Emotional Well-Being Check**

|  |  |
| --- | --- |
| **Statement** | **Rating (1–5)\*** |
| I feel motivated and positive about my work. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I can manage stress effectively. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I feel emotionally supported by colleagues or management. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I feel balanced between my work and personal life. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I am able to focus and concentrate on tasks. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I feel satisfied with my current workload. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I take enough breaks and rest during work hours. | ☐1 ☐2 ☐3 ☐4 ☐5 |

\*Rating scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

**Section 3: Stress & Coping**

|  |  |
| --- | --- |
| **Question** | **Response** |
| What are the main sources of stress in your work or personal life? |  |
| How do you usually cope with stress? (e.g., exercise, talking, hobbies) |  |
| Have you experienced symptoms such as anxiety, irritability, or fatigue recently? | ☐ Yes ☐ No |
| If yes, please describe briefly: |  |

**Section 4: Work Environment & Support**

|  |  |
| --- | --- |
| **Question** | **Response** |
| Do you feel comfortable discussing mental health concerns with your supervisor or HR? | ☐ Yes ☐ No ☐ Unsure |
| What kind of support would help you improve your mental well-being? | ☐ Flexible hours ☐ Counseling ☐ Less workload ☐ Other: \_\_\_\_\_\_\_\_\_\_ |
| Would you like to be contacted by the HR wellness team for follow-up support? | ☐ Yes ☐ No |

**Section 5: Summary & Reflection**

|  |  |
| --- | --- |
| **Prompt** | **Employee Response** |
| What helps you stay mentally healthy at work? |  |
| What changes could improve your overall well-being? |  |
| Additional comments or suggestions: |  |

**Confidentiality Statement**

This assessment is **confidential** and will only be used by the HR Wellness Department to provide appropriate support. Your honesty is appreciated and will not affect your job status or performance review.

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**