**Stress Management Evaluation Form**

**Employee Information**

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| --- | --- | --- | --- |
| **Employee Name:** | John Doe | **Employee ID:** | EMP-4587 |
| **Position/Title:** | Sales Associate | **Department:** | Sales |
| Date |  | **Evaluated by (if applicable)** |  |

**Section 1: Work-Related Stress Indicators**

|  |  |
| --- | --- |
| **Question** | **Rating Scale (1 = Never, 5 = Always)** |
| I feel overwhelmed by my workload. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I find it difficult to meet deadlines. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I experience tension or conflict with colleagues. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I feel that my job demands are unrealistic. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I struggle to balance work and personal life. | ☐1 ☐2 ☐3 ☐4 ☐5 |

**Section 2: Physical & Emotional Symptoms**

|  |  |
| --- | --- |
| **Symptom** | **Frequency (1 = Never, 5 = Very Often)** |
| Headaches or muscle tension | ☐1 ☐2 ☐3 ☐4 ☐5 |
| Fatigue or trouble sleeping | ☐1 ☐2 ☐3 ☐4 ☐5 |
| Irritability, anxiety, or mood swings | ☐1 ☐2 ☐3 ☐4 ☐5 |
| Lack of concentration | ☐1 ☐2 ☐3 ☐4 ☐5 |
| Feeling demotivated or withdrawn | ☐1 ☐2 ☐3 ☐4 ☐5 |

**Section 3: Coping and Support**

|  |  |
| --- | --- |
| **Statement** | **Rating Scale (1 = Strongly Disagree, 5 = Strongly Agree)** |
| I feel supported by my manager or supervisor. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I have access to stress management resources at work. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I regularly practice relaxation or mindfulness activities. | ☐1 ☐2 ☐3 ☐4 ☐5 |
| I am comfortable seeking help when I feel stressed. | ☐1 ☐2 ☐3 ☐4 ☐5 |

**Section 4: Summary Scores (Excel Formula Section)**

|  |  |
| --- | --- |
| **Category** | **Description** |
| Work-Related Stress Score | Average of Section 1 ratings |
| Physical & Emotional Stress Score | Average of Section 2 ratings |
| Coping & Support Score | Average of Section 3 ratings |
| **Overall Stress Index** | Overall average stress rating |

**Interpretation Guide:**

* **1.0 – 2.0:** Low Stress
* **2.1 – 3.5:** Moderate Stress
* **3.6 – 5.0:** High Stress

**Section 5: Action Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of Concern** | **Recommended Action** | **Responsible Person** | **Target Date** | **Status** |
|  |  |  |  | ☐Pending ☐Completed |
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**Section 6: Additional Comments**

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**Signatures**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
| Employee |  |  |
| Evaluator / HR Officer |  |  |