

Mental Health Assessment Survey

This **mental health assessment survey** form sample provides a comprehensive tool to evaluate emotional well-being and psychological state. Designed for easy use, it helps identify key areas requiring attention for mental health support. Utilizing this form can facilitate early intervention and promote overall mental wellness.

Full Name (optional):

Age:

1. How would you describe your current mood in the past week?

2. How have you been sleeping recently?

3. How would you rate your daily energy levels?

4. How often have you felt stressed, worried, or anxious in the past two weeks?

5. Have you lost interest in activities you normally enjoy?

6. Do you feel you have enough support from friends or family?

7. Are there any specific concerns you wish to discuss?

8. Is there anything else you'd like to share?

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