

Confidential Mental Health Self-Assessment Form

Confidentiality Notice: This self-assessment is private and will not be shared without your consent. Please answer the following questions honestly for your own well-being.

Age:

Gender:

☐ Female ☐ Male ☐ Other / Prefer not to say

In the past two weeks, how often have you been bothered by any of the following problems?

Feeling down, depressed, or hopeless

Little interest or pleasure in doing things

Feeling nervous, anxious, or on edge

Do you have someone to talk to about your feelings?

☐ Yes ☐ No

Other symptoms or issues you'd like to note:

Submit Self-Assessment

This confidential mental health self-assessment form sample provides a secure and private way for individuals to evaluate their emotional well-being. It is designed to help users identify symptoms and seek appropriate support without compromising privacy. This tool promotes early detection and encourages proactive mental health care.

If you need immediate help, please contact a mental health professional or helpline.