

Mental Health & Well-Being Assessment

General Mental Well-Being

1. On a scale of 1-10, how would you rate your overall mental health? (1 = Poor, 10 = Excellent)		
2. Do you feel comfortable talking about your mental health and emotions with others? (Yes/No/Sometimes)		
 3. How often do you feel overwhelmed or stressed? - □ Daily - □ Weekly - □ Occasionally - □ Rarely 		
Emotional Health & Coping Strategies 4. What are some ways you currently cope with stress or difficult situations?		
5. Do you have a support system (family, friends, mentors) that you can talk to when feeling down? (Yes/No)		
5. Have you ever practiced mindfulness, meditation, or other relaxation techniques? (Yes/No)		

7. When facing	challenges, how do you typically respond?
- □ I ge - □ I av	to stay positive and find solutions of to stay positive and find solutions of anxious or discouraged easily of dealing with the problem fier:
	School & Work-Related Stress
8. Do you experi	ence anxiety related to school, work, or career planning? (Yes/No)
9. What are the	biggest stressors in your academic or professional life right now?
10. How	do you usually manage pressure from deadlines or expectations?
	Self-Care & Healthy Habits
- □ Les - □ 5-6 - □ 7-8 - □ Mo	
- □ Dai	ew times a week ely

Emotional & Social Support

14. Do you ever feel lonely or isolated? (Yes/No/Sometimes)
15. Have you experienced any major life changes recently that have impacted your mental health? (Yes/No)
16. What kind of support do you think would help improve your mental well-being?
- □ A mentor to talk to
- □ Professional counseling/therapy
- □ More time for self-care and relaxation - □ Other:
<u>Final Thoughts</u>
17. Is there anything specific you would like to discuss regarding your mental health or personal growth during the mentorship program?
18. Do you have any goals related to improving your mental well-being? If so, what are they?