



POST COVID EXECUTIVE MENTAL HEALTH ASSESSMENT

	YES	NO
1. Have you been retrenched recently or is facing an insecure situation which might result in your Job /business loss	<input checked="" type="radio"/>	<input type="radio"/>
2. Is your monthly financial liability more than 50% of monthly income and you don't have provision for contingency expenses for a period of 6 months?	<input type="radio"/>	<input type="radio"/>
3. Do you have a normal sleep and appetite	<input type="radio"/>	<input type="radio"/>
4. Are you feeling excessively nervous, worried of your future	<input type="radio"/>	<input type="radio"/>
5. Are you lost interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>
6. Are you feeling down depressed and hopeless	<input type="radio"/>	<input type="radio"/>
7. Have you ever felt that you should end your life	<input type="radio"/>	<input type="radio"/>
8. Have you increased usage of tobacco or alcohol if you have been using them?	<input type="radio"/>	<input type="radio"/>
9. Do you feel excessively sad or angry while dealing with people inside or outside your family:	<input type="radio"/>	<input type="radio"/>

LIFE IS A CHALLENGE TO BE ADDRESSED THROUGH HOPE AND POSITIVITY