THE OAK FAMILIES & WELLNESS

EMPLOYEE WELLNESS CHECK-IN ASSESSMENT FORM

CONFIDENTIAL

Date: _____ Company: _____

Employee name (optional): _____ Department: _____

1. Purpose of the assessment

This assessment aims to understand your current emotional, mental, physical and occupational wellbeing and identify areas where professional support may be beneficial. Participation is voluntary. Individual responses will be treated confidentially, subject to applicable legal and professional obligations.

2. Employee wellbeing assessment

Rate your experience over the past two weeks by ticking the appropriate number.

1 – Never 2 – Rarely 3 – Sometimes 4 – Often 5 – Always

Assessment question	1	2	3	4	5
I feel emotionally exhausted.	☐	☐	☐	☐	☐
I feel overwhelmed by my workload.	☐	☐	☐	☐	☐
I struggle to concentrate at work.	☐	☐	☐	☐	☐
I experience difficulty sleeping.	☐	☐	☐	☐	☐
I feel anxious or worried.	☐	☐	☐	☐	☐
I struggle to stay motivated at work.	☐	☐	☐	☐	☐
I experience physical tiredness.	☐	☐	☐	☐	☐
Personal challenges affect my work performance.	☐	☐	☐	☐	☐
I struggle to maintain a healthy work-life balance.	☐	☐	☐	☐	☐
I feel unsupported in managing my challenges.	☐	☐	☐	☐	☐

3. Current challenges

Which areas are currently affecting your wellbeing? Tick all that apply.

☐ Work-related stress
☐ Family or relationship challenges
☐ Grief and loss
☐ Mental and emotional fatigue
☐ Substance use concerns
☐ Financial difficulties
☐ Parenting responsibilities
☐ Workplace conflict
☐ Physical health concerns
☐ Lack of motivation
☐ Other: _____

4. Emotional wellbeing check-in

How are you feeling today?

☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor

What is your greatest concern at the moment?

_____

_____

How do you currently cope with stress?

_____

_____

5. Support needs

What type of support would you benefit from?

☐ Individual counselling
☐ Financial wellness education
☐ Conflict management
☐ Burnout prevention
☐ Referral to a specialist
☐ Stress management
☐ Family and parenting support
☐ Emotional wellbeing support
☐ Work-life balance guidance
☐ No additional support required at present

Would you like a confidential follow-up counselling session?

☐ Yes ☐ No ☐ Unsure

Do you have any immediate wellbeing or safety concerns that require urgent support?

☐ Yes ☐ No ☐ Prefer to discuss privately

Additional comments:

_____

_____

6. For professional use only

Total assessment score: _____ / 50

Presenting concerns:

_____

_____

_____

Professional observations:

_____

_____

_____

Recommended intervention:

☐ Psychoeducation
☐ Short-term therapeutic intervention
☐ Specialist referral
☐ Individual counselling
☐ Further psychosocial assessment
☐ Urgent intervention
☐ Follow-up monitoring

Follow-up date: _____

Social Worker's name: _____

Signature: _____

Professional note

This is a general psychosocial screening and check-in tool, not a clinically validated diagnostic assessment. Scores should be considered alongside professional observations, individual circumstances and disclosed concerns. Immediate safety concerns should be addressed regardless of the total score. For group programmes, offer anonymous participation and protect individual disclosures in accordance with POPIA and professional confidentiality requirements.