

# First Responder Mental Health Status Screening Form

Full Name

Date

Role (e.g. EMT, Firefighter, Police Officer)

Shift/Unit

## Current Mental Health Status

Overall Mood

Current Level of Stress

Sleep Quality

Appetite

Energy Level

## Recent Experiences

Have you experienced any particularly challenging calls/incidents recently?

Are you receiving adequate support from your team/organization?

How are you coping with work-related stress?

Would you like to speak to someone about your mental health?

## Additional Comments

Anything else you'd like to share?

