

Mental Health and Productivity Survey

We're on a mission to understand how mental health and stress affect productivity and efficiency at work/school – and we need your help! 💡

Take just a few minutes to share your thoughts by filling out this quick survey. Your responses will help us create a data-driven dashboard that shows how stress and mental well-being are connected to how we work or study. It's fun, insightful, and, most importantly, it's all about making work/school a better place for everyone. 🙌

We value your input, and your answers will remain anonymous. Ready to make an impact? Let's dive in! 🚀

"Please consider your entire week and answer the following questions"

When you submit this form, your details, such as name and email address, will not be automatically collected unless you provide them yourself.

* Must answer

1. What is your age range?

Required (Single choice) *

☐ 18 - 24

☐ 25 - 34

☐ 35 - 44

☐ 45 - 54

☐ 55 +

2. What is your occupation? *

☐ Student

☐ Employee

☐ other

3. How often do you feel stressed or anxious during work/school?

Required (Single choice)

*

☐ Monthly

☐ Rarely

☐ weekly

☐ Never

☐ Daily

4. Over the past month, how would you rate your overall mental health?

Required (Single choice) *

☐ Average

☐ Excellent

☐ Great and Happy about it

☐ Very Poor

5. What symptoms of stress have you experienced at work/school?

Required (single choice)

*

☐ Fatigue or lack of energy

☐ Increased irritability

☐ Difficulty concentrating

☐ Headaches☐ Insomnia☐ other

6. **How would you rate your overall productivity at work/school in the past month?**

Required (Rating scale 1 to 5) *

☐ 3☐ 4☐ 1 (Very Low)☐ 5 (Very High)☐ 2

7. **Have you noticed a direct impact on your performance due to stress or mental health issues?**

Required (Single choice) *

☐ No☐ Yes

8. **On average, how many hours of sleep do you get on a typical work/school night?**

Required (Single line text) *

☐ Less than 1 hour☐ 1 - 2 hours☐ 3 - 4 hours

- ☐ 5 - 6 hours
- ☐ 7 - 8 hours
- ☐ 9 - 10 hours
- ☐ More than 10 hours

9. **How often do you feel overwhelmed by your workload?**

Required (Single choice) *

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

10. **I feel that stress at work or school has affected my ability to meet deadlines and complete tasks efficiently.**

Required (Single choice) *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

11. **Do you have access to resources or support for managing mental health at work/school (e.g., counseling, wellness programs)?**

Required (Single choice)

*

☐ Yes

☐ No

12. **I believe that improving mental health at work or school will boost efficiency and productivity in my daily tasks.**

Required (Single choice) *

☐ Strongly agree

☐ Agree

☐ Neither agree or disagree

☐ Disagree

☐ Strongly disagree

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