Youth Mental Wellness Check-In

1. Coping Skills: Discuss the definition of "coping skills."

On a scale of 1-10, rate your ability to cope with stress/difficulty? (1 is lowest; 10 is highest)

_____

Positive Coping Skills
(1 = never; 10= all the time)

Journaling _____ Sports/Activities _____ Listening to music _____ Playing an instrument _____ Reading ____ Clubs/Organizations _____ Social media _____ Talking to a friend or family member _____ Meditation _____ Sleep _____ Engage in a hobby _____ Art/ Drawing _____ Exercise _____ Others (frequency):_____

Negative Coping Skills
(1=never; 10=all the time)

Drink alcohol _____ Drug use _____ Act violently _____ Yell at someone _____ Smoke tobacco _____ Eat too much/too little _____ Sleep too much _____ social media_____
Self-harming, how? _____
Other coping skills (frequency): _____

2. Support Systems: How likely are you to reach out to/use these support systems?
(1 = never; 10= all the time)

Parents_____ Grandparents_____ Brother/s_____ Sister/s_____ Aunt/s
Uncle/s_____ Friends_____ School _____ Church _____ Pets_____

Other: _____

Three adults you know can go to if you need help for yourself or for someone else:

_____ _____ _____

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3. Rate current level of Self Esteem (circle one):

Low { 1 2 3 4 5 6 7 8 9 10 } High

When I feel good about myself I…

When I am feeling bad about myself I…

4. Stressors: Rate the level of stress in each area **(1=not stressed at all; 10=I'm ready to explode)**

Home_____ School/grades_____ Friends_____ Boyfriend/Girlfriend_____ Job_____ Extracurricular_____ Other: _____

Current Level of Stress (circle one): Low { 1 2 3 4 5 6 7 8 9 10 } High

When I am stressed I…

I take care of myself by…

Important Phone Numbers and Resources:

National Suicide Lifeline:
1-800-273-TALK (8255)
https://suicidepreventionlifeline.org