

SELF ASSESSMENT

Take some time to answer these questions honestly. To get a true full assessment, ask those close to you what their answers to these questions are about you. Total the number of checkmarks at the bottom to get a rough assessment of your mental health today. We will retake this assessment throughout the year to see our journey.

<input type="checkbox"/> I Feel Calm	<input type="checkbox"/> I Feel Anxious and Sometimes Sad	<input type="checkbox"/> I Feel Overwhelmed by My Anxiety and Sadness	<input type="checkbox"/> I Am Always Anxious <input type="checkbox"/> I Feel Depressed & Have Suicidal Thoughts
<input type="checkbox"/> I Laugh and I Make Jokes	<input type="checkbox"/> I Feel Edgy	<input type="checkbox"/> I Am Sometimes Angry or Impolite to Others	<input type="checkbox"/> I Lose My Temper & I Become Aggressive
<input type="checkbox"/> I'm Clearheaded and I Can Concentrate	<input type="checkbox"/> I Have Trouble Remembering Things <input type="checkbox"/> I'm Stressed by My Own Thoughts	<input type="checkbox"/> It's Hard to Concentrate <input type="checkbox"/> I Have Trouble Making Decisions	<input type="checkbox"/> I Am Not Able to Concentrate
<input type="checkbox"/> I Sleep Well	<input type="checkbox"/> I Don't Always Sleep Well	<input type="checkbox"/> I Sleep Badly <input type="checkbox"/> I Have Nightmares	<input type="checkbox"/> I Always Sleep Too Much or Not Enough
<input type="checkbox"/> I Feel Good and Can Get My Tasks Done	<input type="checkbox"/> I Feel Stressed <input type="checkbox"/> I Sometimes Have Headaches and Can't My Tasks Done	<input type="checkbox"/> Everything Hurts and I Always Feel Like There's Too Much to Do	<input type="checkbox"/> I Feel Sick and Cannot Get My Tasks Done Anymore
<input type="checkbox"/> I Have Confidence in Myself and Others	<input type="checkbox"/> I Doubt Myself	<input type="checkbox"/> I Doubt Others	<input type="checkbox"/> I Don't Trust Others
<input type="checkbox"/> I Have Energy	<input type="checkbox"/> I Feel a Lack of Energy	<input type="checkbox"/> I Am Tired	<input type="checkbox"/> I Feel Burned Out Every Day
<input type="checkbox"/> I Am Physically Active	<input type="checkbox"/> I Do Less Physical Activity	<input type="checkbox"/> I Don't Do Any Physical Activity	<input type="checkbox"/> I Don't Have the Strength To Do Anything Anymore
<input type="checkbox"/> I Am in Touch with My Friends and Family	<input type="checkbox"/> I Find It Difficult to Want to or Be in Touch with My Friends and Family	<input type="checkbox"/> I Prefer to Not Be with Family and Friends	<input type="checkbox"/> I Refuse to Be in Touch with Friends or Family
<input type="checkbox"/> I Sometimes Consume Alcohol	<input type="checkbox"/> I Consume Alcohol/Drugs More Often Than I Should but I Have Control	<input type="checkbox"/> I Consume Alcohol/Drugs and Have No Control	<input type="checkbox"/> I Abuse Alcohol and Drugs
_____	_____	_____	_____