



### Mental Health Checklist

Pupil Name \_\_\_\_\_ Form \_\_\_\_\_

Place a tick in one box for each statement that reflects your own personal opinion about yourself.

- 1 = strongly disagree
- 2 = disagree
- 3 = sometimes
- 4 = agree
- 5 = strongly agree

	1	2	3	4	5
I have someone I can talk to about my feelings					
I have good friends I can trust					
I know what effects my moods					
I have a sense of control over my life					
I have belief in my own ability					
I am happy with who I am					
People I trust respect me					
I can resolve problems independently					

	1	2	3	4	5
I exercise regularly inside school					
I exercise regularly outside school					
I eat a healthy balanced diet					
I ignore silly and immature behaviour					
I minimise the time I use social media					
I sleep well during the night					
I make time to do things I enjoy					
I do things for other people					