

## "How am I?" Check Sheet

Name	Grade	Class No.	Student No.	Year/Month/Day
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This sheet is to review your mind and body health and to learn how to deal with your stress in a better way. If you do not want to answer questions you don't have to.

Circle the number that shows how you felt during the past week (last week to today)		No	a little	often	usually
1	I can't sleep. I wake up in the middle of the night.	0	1	2	3
2	I am surprised by small sounds and things.	0	1	2	3
3	I easily get angry. I am irritated.	0	1	2	3
4	I have scary or unpleasant dreams.	0	1	2	3
5	Small triggers make me remember unpleasant memories.	0	1	2	3
6	I feel scared and restless.	0	1	2	3
7	I try not to go near the places that remind me of unpleasant memories.	0	1	2	3
8	I try not to talk about my hard experiences.	0	1	2	3
9	I blame myself for events happening now or in the past.	0	1	2	3
10	I think no one understands my feelings.	0	1	2	3
11	I cannot focus on my school studies.	0	1	2	3
12	I have headaches, stomachaches, or do not feel good in general.	0	1	2	3
13	I have a lot of fun at school.	0	1	2	3
14	I enjoy talking and playing with friends.	0	1	2	3



★	I have something I want to talk about with someone.	Yes	.	No
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Please tell us how you feel after filling out this sheet and what kind of coping strategies you learned.