

# Building Awareness of your Well-being

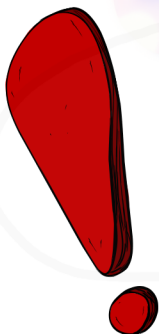


On a scale of 1 (Rarely) to 5 (Frequently), please rate how often each of the following statements applies to you:

		1	2	3	4	5
<b>1</b>	I make time for activities that I enjoy and that relax me.					
<b>2</b>	I regularly connect with friends or loved ones for support and companionship.					
<b>3</b>	I pay attention to my physical health through regular exercise and a balanced diet.					
<b>4</b>	I am aware of and manage my stress levels effectively.					
<b>5</b>	I engage in hobbies or interests that bring me fulfillment.					
<b>6</b>	I get enough restful sleep.					
<b>7</b>	I am in tune with my emotions and can identify how I'm feeling.					
<b>8</b>	I practice self-compassion and avoid self-criticism.					
<b>9</b>	I set and work towards achievable goals in my life.					
<b>10</b>	I have healthy boundaries in my relationships.					
<b>11</b>	I seek help or support when I encounter difficulties or challenges.					
<b>12</b>	I am mindful and present in my daily life.					
<b>13</b>	I engage in relaxation techniques such as deep breathing or meditation.					
<b>14</b>	I have a support system I can turn to in times of need.					
<b>15</b>	I prioritize self-care, even when life gets busy.					
<b>16</b>	I feel a sense of purpose and meaning in my life.					
<b>17</b>	I have coping strategies for managing difficult emotions.					
<b>18</b>	I am open to seeking personal growth and self-improvement.					
<b>19</b>	I can effectively manage my time and responsibilities.					
<b>20</b>	I am satisfied with my overall quality of life.					

# Exploring the Need for Professional Guidance

	YES	NO
Have you experienced persistent feelings of sadness or hopelessness?	<input type="radio"/>	<input type="radio"/>
Do you frequently find it challenging to manage your anxiety or worry?	<input type="radio"/>	<input type="radio"/>
Have you noticed a significant change in your eating or sleeping patterns?	<input type="radio"/>	<input type="radio"/>
Are you using substances (alcohol, drugs) excessively to cope with emotions or stress?	<input type="radio"/>	<input type="radio"/>
Have you had thoughts of self-harm or suicide?	<input type="radio"/>	<input type="radio"/>
Do you frequently experience racing thoughts or difficulty concentrating?	<input type="radio"/>	<input type="radio"/>
Are you avoiding activities or social interactions that you used to enjoy?	<input type="radio"/>	<input type="radio"/>
Have you encountered significant life changes or losses recently that have affected your well-being?	<input type="radio"/>	<input type="radio"/>
Is your daily functioning (work, relationships, self-care) significantly impaired due to emotional or psychological issues?	<input type="radio"/>	<input type="radio"/>
Have friends or family expressed concern about your mental or emotional well-being?	<input type="radio"/>	<input type="radio"/>



If you find that you have checked yes multiple items in the second set of questions or have significant concerns about your mental and emotional well-being, it may be advisable to seek professional guidance from a mental health therapist or counselor. Remember that seeking help is a positive step towards improving your overall well-being and mental health.