About Me

Name……. Date …….

0= strongly disagree: 5= strongly agree

I feel good about myself	0 1 2 3 4 5
I like where I live	0 1 2 3 4 5
I feel safe at home	0 1 2 3 4 5
I feel safe at school	0 1 2 3 4 5
I feel safe when out and about	0 1 2 3 4 5
I know who to go to of phone if I need help	0 1 2 3 4 5
I feel loved and cared for	0 1 2 3 4 5
I like playing or spending time with my friends	0 1 2 3 4 5
I sleep well at night	0 1 2 3 4 5
I have people I can talk to if I am worried	0 1 2 3 4 5
I have lots of strengths	0 1 2 3 4 5
I have choices about what to do in life	0 1 2 3 4 5
I feel positive about my future	0 1 2 3 4 5
I belong to a group or club outside school	0 1 2 3 4 5