**Strengths Based Wellness Check-In**

This form will be used to provide a better understand how you’re feeling so we can start conversations around mental health and wellness. Your answers will in no-way affect your housing options or limit the resources available to you.

For each question, please indicate by circling the corresponding number for how strongly you agree or disagree with the statement in the past 30 days.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither Agree or Disagree** | **Agree** | **Strongly Agree** |
| 1. I have people in my life who support me and care about my well-being.
 | 1 | 2 | 3 | 4 | 5 |
| 2. I know how to deal with difficult situations and can handle unexpected or bad news. | 1 | 2 | 3 | 4 | 5 |
| 3. I am able to control my temper and avoid starting fights. | 1 | 2 | 3 | 4 | 5 |
| 4. I believe that my mindset helps prepare me well to succeed in life.  | 1 | 2 | 3 | 4 | 5 |
| 5. I spend the right amount of time with my friends. | 1 | 2 | 3 | 4 | 5 |
| 6. I’m passionate about/or have hobbies or activities I enjoy doing. | 1 | 2 | 3 | 4 | 5 |
| 7. I spend time reflecting on positive things in my life. | 1 | 2 | 3 | 4 | 5 |
| 8. I feel connected and engaged with things happening around me. | 1 | 2 | 3 | 4 | 5 |
| 9. I can find enjoyment in discovering or trying new things. | 1 | 2 | 3 | 4 | 5 |
| 10. I believe I can succeed no matter the obstacle. | 1 | 2 | 3 | 4 | 5 |

Would you like a referral to see a counselor or to receive help with accessing mental health services today? (please circle one) Yes No