

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**SELF EVALUATION**

**STRICTLY PRIVATE & CONFIDENTIAL**

	1	2	3	4	5
Please circle the number that most reflects how true the statement is.	NO! I DON'T FEEL THIS AT ALL. 0%	I FEEL THIS A LITTLE.	I FEEL THIS SOME OF THE TIME 50%	I FEEL THIS MOST OF THE TIME.	YES I FEEL THIS STRONGLY! 100%
<b>SOCIAL FUNCTION</b>					
I feel part of a community	1	2	3	4	5
I have a good relationship with my partner	1	2	3	4	5
I have a good relationship with my children	1	2	3	4	5
I have a good relationship with my family	1	2	3	4	5
I have a good relationship with my friends	1	2	3	4	5
I am happy with my social life and social network	1	2	3	4	5
I generally trust that people want good for me	1	2	3	4	5
I feel trusted	1	2	3	4	5
<b>SELF ESTEEM &amp; CONFIDENCE</b>					
I feel physically healthy	1	2	3	4	5
I feel well emotionally	1	2	3	4	5
I am self confident	1	2	3	4	5
I have positive thoughts about myself	1	2	3	4	5
<b>OUTLOOK - HOPE &amp; FEAR</b>					
I feel optimistic about my life	1	2	3	4	5
I have positive thoughts about the future	1	2	3	4	5
I am able to cope with daily challenges	1	2	3	4	5
I feel in control of my life	1	2	3	4	5
I am able to manage my emotions such as anger	1	2	3	4	5
I am able to manage the anxiety	1	2	3	4	5
I have a meaning and purpose in life	1	2	3	4	5
<b>MANAGABILITY</b>					
I feel financially secure	1	2	3	4	5
I am good at managing my finances	1	2	3	4	5
I am satisfied with my housing situation	1	2	3	4	5
I have structure in my life	1	2	3	4	5
<b>MINDSETS</b>					
I feel motivated to work	1	2	3	4	5
I feel little anxiety about being in work	1	2	3	4	5
I have good communication skills	1	2	3	4	5
I have skills to work	1	2	3	4	5
I like challenges	1	2	3	4	5
I am willing to gain new skills	1	2	3	4	5