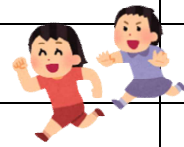


"How am I?" Check Sheet

Name	Grade	Class No.	Student No.	Year/Month/Day
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This check sheet is to see if there are any changes in your body and feelings lately. If you do not want to answer questions you don't have to.

How to answer: Circle the number that shows how you feel		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.	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	I feel scared and restless.	0	1	2	3
6	I try not to talk about my hard experiences.	0	1	2	3
7	I cannot focus on my school studies.	0	1	2	3
8	I have headaches, stomachaches, or do not feel good in general.	0	1	2	3
9	I have a lot of fun at school.	0	1	2	3
10	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 write about how you feel. You can draw a picture if you want to.

If you have any questions or something bothering you, talk to your teacher.