



CHILDREN'S WELL-BEING SURVEY

For each item, circle number (or X if not sure) as an estimate of how well your child is doing in each area below. Repeat process as needed. (Keep this form blank as an "Original" from which to make copies.)

Child _____ Date _____

	Not Well (Negative)			Well (Positive)			Not Sure
1. Health	1	2	3	4	5	6	X
a. Sleeping	1	2	3	4	5	6	X
b. Eating	1	2	3	4	5	6	X
c. Exercise	1	2	3	4	5	6	X
d. Energy	1	2	3	4	5	6	X
e. Illness	1	2	3	4	5	6	X
2. Attitudes/Behavior	1	2	3	4	5	6	X
a. Attitude towards life	1	2	3	4	5	6	X
b. Attitude towards people	1	2	3	4	5	6	X
c. Attitude towards family life	1	2	3	4	5	6	X
d. Self-respect	1	2	3	4	5	6	X
e. Respect for others	1	2	3	4	5	6	X
f. Self-confidence	1	2	3	4	5	6	X
g. Trust in others	1	2	3	4	5	6	X
h. Feels valued	1	2	3	4	5	6	X
i. Shows gratitude	1	2	3	4	5	6	X
j. Feels included	1	2	3	4	5	6	X
k. Includes others	1	2	3	4	5	6	X
l. Helpfulness	1	2	3	4	5	6	X
3. Leisure/Recreation Activities	1	2	3	4	5	6	X
4. Relationships	1	2	3	4	5	6	X
a. Parents	1	2	3	4	5	6	X
b. Brothers/Sisters	1	2	3	4	5	6	X
c. Other family members	1	2	3	4	5	6	X
d. Friends	1	2	3	4	5	6	X
e. Boy/Girl	1	2	3	4	5	6	X
5. Learning/School	1	2	3	4	5	6	X
6. Use of Time	1	2	3	4	5	6	X