

## CHILDREN'S WELL-BEING SURVEY

Complete monthly for each child. For each item, circle number (or X) as estimate of how well your child is doing in each area below. Duplicate form and start your own notebook.

Child \_\_\_\_\_ Date \_\_\_\_\_

|                                        | Not Well<br>(Negative) |   |   | Well<br>(Positive) |   |   | Not<br>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 with .....            | 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           |