

# MY SELF ASSESSMENT

Read each statement below. Place a check in the box that best matches how you feel

	Almost Never	Some- times	Often	Almost Always
How often do you find yourself struggling with feelings of loneliness or not having a sense of belonging?				
How often do you struggle to concentrate?				
How often do you think you don't deserve what you're going through?				
How often do you feel numb?				
How often do you feel stuck?				
How often do you react impulsively or blow things out of proportion?				
How often do you feel demotivated?				
How often do you feel drained or burnt out?				
How often do you struggle with sleep disturbance?				
How often do you replay conversations in your head and cringe or feel guilty about them?				
How often do you isolate yourself or withdraw from others just to think deeply about things?				
How often do you feel sad and wish your life was different?				
How often do you wonder why you seem to have problems others don't have?				
How often do you wish you didn't have to do anything?				
How often do you feel angry at yourself?				
How often do you wish someone could rescue you from your problems?				
How often do you wish things had unfolded differently?				
How often do you think about your flaws, mistakes, and failures?				
How often do you struggle to get things done because of your emotions and intrusive thoughts?				
How often do you have physical pain or migraines from thinking?				