



## Self-Check

Please check the following boxes that apply to you.

I know and practice mental wellness.	<input type="checkbox"/>
I handle stressful situations through coping skills.	<input type="checkbox"/>
I know how to transition from difference stages of change in my life.	<input type="checkbox"/>
I communicate about what I think and feel clearly.	<input type="checkbox"/>
I don't get worried about social spaces, racing thoughts, or self-esteem.	<input type="checkbox"/>
I don't have negative thoughts that interfere with my daily living activity.	<input type="checkbox"/>
I have been able to deal mentally with COVID effects on my life.	<input type="checkbox"/>
I don't have thoughts of suicide.	<input type="checkbox"/>

Added information

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