

School Name \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

**Youth Wellbeing & Skills Survey Instructions:**

Circle the face that shows how true each statement is for you.

**1 = Not true at all**

**5 = Very true**

| Rating | Face                                                                              | Meaning              |
|--------|-----------------------------------------------------------------------------------|----------------------|
| 1      |  | Not true at all      |
| 2      |  | A little true        |
| 3      |  | Not sure / sometimes |
| 4      |  | Mostly true          |
| 5      |  | Very true            |

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**1. Knowledge of mental health**

**“I can explain what mental health means and give examples of things that can affect it.”**



**2. Coping with challenges**

**“When I face challenges or setbacks, I know healthy ways to cope and keep going.”**



**3. Positive relationships**

**“I can recognise what a positive, supportive relationship looks like and how to build one.”**



**4. Wellbeing**

**“I often feel good about myself, my feelings, and how things are going in my life.”**



**5. Decision-making & social awareness**

**“I think about how my choices affect me and others before I make a decision.”**



**6. Help-seeking (optional booster)**

**“If I’m struggling, I know who I can talk to and how to get support.”**



Logged by \_\_\_\_\_