

Young person/Child
Name:

Date:

Where we live

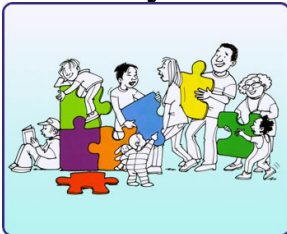


We own it
Like it
It is safe
We live with other relatives
Other people share our house

Rented
Dislike it
My own room
Share with brother or sister
Garden

Other.....

Family Life



Good & Enjoyable
Brother
Sister
Feel safe
Spending time together
Holidays
Responsibilities
Parent Difficulties

Not enough time for myself
Help from family members
Arguments
Afraid
Help from others

Other

School Life



Enjoy school
Have friends
Like the Uniform
Fun
Subjects I like best

Dislike school
Bullies
Teachers are nice
Stressful
Subjects I don't like:

Other.....

Things I like to do



Sports
Music
Cooking
Making things
Dancing
Going out
Spending time with friend

Dance
Going on holiday
Playing outside
Gardening
Helping others
Keeping pets

Other:.....

Relationships



Good times with mum/dad
Like my brother/sister
Grandparents are near
Lots of family members
Laughter
I can talk to:

.

Close Friends
Frightened/Afraid
Crying
Fight with my brother/sister
Need someone to talk to
I get on with

.
Other.....

My Family's Health



Mum/dad poorly
Disability
Coping
Family History of illness
Drinking

Hospital

Sickness
No Worries
Drugs
Smoking
My sister /brother are very naughty

Other:.....

Community and Environment



Lived here a long time
Hate it
Church
Lots to do
Playground
Easy to get to town
School

Just moved
Like it
Member of Group
Youth club
Safe
.Leisure
Good neighbours

Other:.....

Emotions



Happy
Lonely
Worried
Angry
I need help with
Pretend everything ok
Alone

Safe
Tearful
Can't sleep
Feel loved
Bad dreams
Guilty
Sad

Other.....

Dreams and Ambitions



I would like to be a:
Work inside
Exams
My plans
I would like to do well in:
I would like to do better
Money

Work outside
College
Scary
Uncertain
I hope
Family

Other