

20Q--Children and Youth



What is your email: _____

Printed Name: _____

Please read the following statements and make an X over the rating that best describes how you feel:

	Never	Rarely	Sometimes	Often	Always
1. I am well.	1	2	3	4	5
2. I am able to focus on the present moment.	1	2	3	4	5
3. I have faith that guides me.	1	2	3	4	5
4. I have housing that is safe and affordable.	1	2	3	4	5
5. I have what I want in life.	1	2	3	4	5
6. I am not worried or afraid about my future.	1	2	3	4	5
7. I have moments of peace in my life.	1	2	3	4	5
8. I sleep through the night	1	2	3	4	5
9. I feel safe in my relationships.	1	2	3	4	5
10. I have hope for the future regardless of past failures.	1	2	3	4	5
11. I have family/friends that support and encourage me.	1	2	3	4	5
12. I am able to pay my bills.	1	2	3	4	5
13. I feel loved.	1	2	3	4	5
14. I understand the need to go to my appointments.	1	2	3	4	5
15. I participate in a spiritual or religious community.	1	2	3	4	5
16. I am free from pain.	1	2	3	4	5
17. I keep daily routines--cooking, cleaning, working.	1	2	3	4	5
18. I am able to make a decision.	1	2	3	4	5
19. I have things to use to lift my spirits--art, music, nature	1	2	3	4	5
20. I have enough food for myself and my family.	1	2	3	4	5

I have completed the 20Q to the best of my ability and permit the results of this information to be used on my behalf as needed.

Overall Health _____ Good _____ Fair _____ Poor

Education _____ High School/GED _____ College _____ Post-Graduate _____ NA

I think I will live to be _____ years old. Why _____

Signature

Date