How happy are you? Name:……………………… Age:……



**Form for practitioner to record child’s views and feelings**

For each area -are you generally happy, sad or somewhere in between? What makes you feel like this? What could be better?

|  |  |  |
| --- | --- | --- |
| **Home**  | **School** | **Family** |
|  |  |  |
| **About You** | **Hobbies/Interests** | **Friends**  |
|  |  |  |

Overall, how happy are you on a scale of 0-10 (10 is as happy as you can be)?



**0 1 2 3 4 5 6 7 8 9 10**