



TEEN LIVES MATTER WELLNESS SURVEY/REGISTRATION

Name _____ Phone # _____

Email: _____ Date of Birth: _____

- Is there currently a situation that you need immediate assistance with? _____
- How do you handle stress? _____
- How often do you find yourself lonely or feeling sad? _____
- What do you do when you are feeling like this? _____

- Are you social? _____ What school do you attend? _____
- What kind of social activities would you like to see in your community? _____
- Have you ever considered suicide? _____ Why? _____
- Anybody you know ever? _____

Would you be interested in participating in M.I.'s "Teen Lives Matter" podcast and teen support network? _____

Why? _____