

Daily Child Strength Scale

“How well I get through the day”




Child _____

Age _____




Date _____

For each question, circle the face that shows how you really feel most of the time, or most days, not how you'd like to feel.




“Growing up” (getting ready for school, free time after school, homework, taking care of myself)

Am I good at doing things on my own?	 Not Good	 Great	 Sort of
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“Worry Busting” (bounce back, get over things, adjust, forget about it)

How well do I get through sad/hard times?	 Great	 Sort of	 Not Good
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“Family togetherness” (enjoy each other, are cooperative, care for and help each other)

How do I and my family get along?	 Not Good	 Sort of	 Great
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“Fun Times” (hobbies, arts/crafts, computers at school and home, sports, social groups, clubs)




Do I have enough fun/interesting activities?	 Not Good	 Great	 Sort of
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“At School” (with teachers, with other students, in class, and at recess)




How do I get along at school?	 Great	 Not Good	 Sort of
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(over)




“Best Buddies/Friends” (I have good friends, get along with and keep them)

Am I happy with the friends I have?			
	Not Good	Sort of	Great




“Comfy Feelings” (comfort at home, school and in the neighborhood)

Do I feel safe and secure?			
	Great	Not Good	Sort of




“Plenty of Z-Z-Z-z’s” (no wetting, nightmares, or waking often)

Do I sleep good and wake up rested?			
	Sort of	Great	Not Good

“Good Munchin” (regular meals, and healthy snacks including fruit and veggies)

Is my appetite good, and do I eat well?			
	Not Good	Sort of	Great

“Strong and Healthy” (I don’t often have headaches, stomach aches or feel sick or tired)

Do I feel strong and have lots of energy?			
	Great	Sort of	Not Good