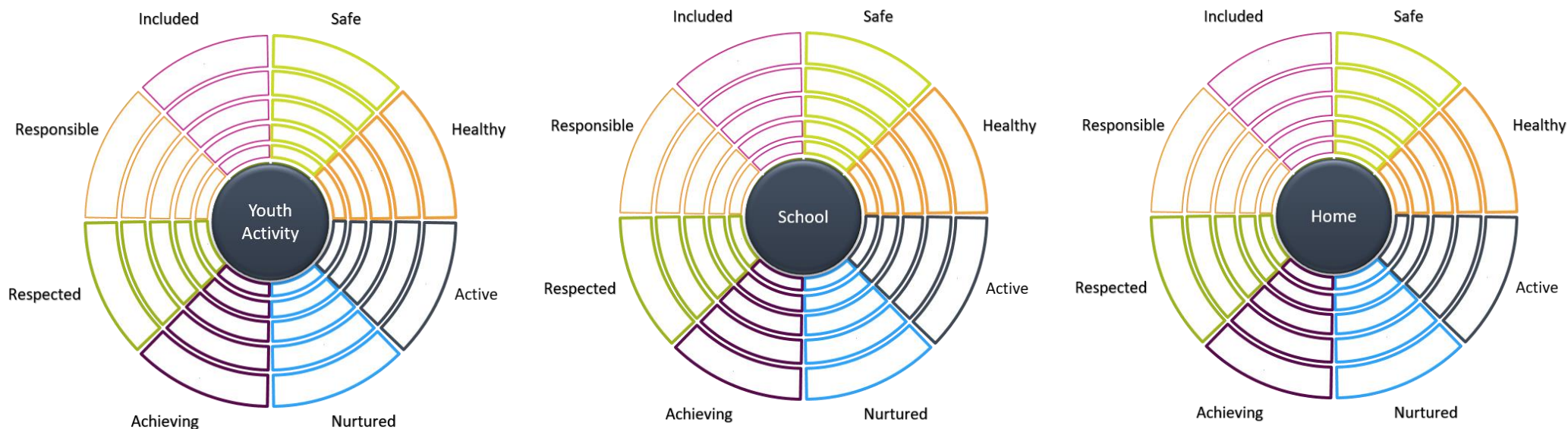


Name:	Age:	Male/Female/Non-binary:
Youth organisation:	Today's date:	

Is this the first or second time you have completed this form? (please circle to show if it's the beginning or end of the phase) **First / Second**

Fill in the wheel to show how you feel. If you fill in no sections, it means that you **don't** feel safe, healthy, active etc. If you fill in just one section it means that you only feel **a little bit** safe, healthy, active etc. If you fill in all five sections it means that you feel **very** safe, health, active etc.

How much are you safe, healthy, active, nurtured, achieving, respected, responsible or included in the following places?



Please give examples or explain your scores (continue over the page if you need more space).