

Bubble Sheet

YOUTH VERSION



Which topic would you like to start with today?

What concerns or worries you?

Circle using these colors to indicate your level of concern/worry:

-  Important topic, but not worrying
-  Moderately concerning topic
-  Very worrying or urgent topic

My parents or guardians

My finances

My plans, future

Substance use
(alcohol, drugs or vaping)

Bullying or harassment
(at school or online)

Who I am

Screen time,
social media,
video games

My physical health

My sleep

Changing certain habits

Feeling sad, down

My relationship
with teachers

My family life at home

Organizing myself,
managing my time

My hobbies, interests
(sports, arts, music,
creative activities)

What I eat

My sexuality and intimacy

My friends, peer group

My romantic relationships

My summer job,
employment

My mental health

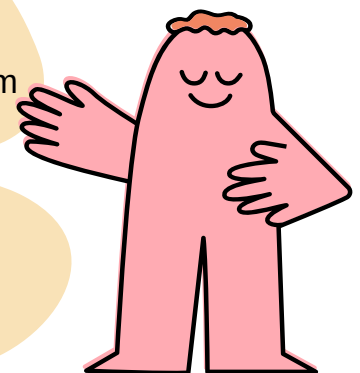
Body image,
self-esteem

My school, studies

Getting to know myself
better, growing as a person

Actions or behaviours that
cause me harm

Physical activity, sports



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