

HOW ARE YOU FEELING?

Stressors

What challenges are you facing right now? (Personal, financial, health, etc.)

- _____
- _____
- _____

Grief

Are you grieving or experiencing loss? (Death of a family member or friend, income loss, job loss, loss of a relationship, etc.)

- _____
- _____
- _____

Safe People

Name people you can share your stress and grief with. (Friends, family, pastor, a counselor, neighbors, your small group, etc.)

- _____
- _____
- _____

Hope and Thankfulness

Fill in the blanks: "I hope _____." (To start a journal, to connect with a friend, to read a book, to learn how to cook, etc.)

- _____
- _____
- _____

"I'm thankful for _____." (God watching over me, my home, my family, my pets, etc.)

- _____
- _____
- _____

Connect

Use the resources you know of for support (Daily devotions, worship, prayer, Bible study, visit sotv.org for other ideas)

- _____
- _____
- _____

Grow

What are some new activities you can explore? (Baking, taking walks, reading a good book, listening to a new podcast, learning a new hobby, trying a new type of art – pastels, coloring book, knitting, etc.)

- _____
- _____
- _____

Serve

What are ways you can give to others? (FaceTime or call friends, volunteer, write a note to a friend or family member, visit sotv.org for other ideas)

- _____
- _____
- _____

Now that you have taken this assessment, use these ideas to encourage better self-care during this challenging time in your life.