

How Are You Doing?



This voluntary self-assessment is used to guide conversations and connect you with resources to help you achieve your goals at Jefferson College. Any responses regarding harm to self will automatically be referred to the College's Care Team for additional support.

Please check ☒ all areas you would like to discuss.

Academic

- ☐ Attendance
- ☐ Study habits
- ☐ Time management
- ☐ Exam preparation
- ☐ Communication with professors
- ☐ Other _____

Financial/Social Services

- ☐ Housing/Safe place to live
- ☐ Employment
- ☐ Transportation
- ☐ Food resources
- ☐ Financial resources
- ☐ Better money management
- ☐ Other _____

Major/Career

- ☐ Establish concrete major/concentration
- ☐ Take MyMajors assessment
- ☐ Set career oriented goals
- ☐ Identify potential jobs within career field
- ☐ Other _____

Social Support

- ☐ Family
- ☐ Relationships
- ☐ Peer support
- ☐ Increase/decrease social networking
- ☐ Become more/less involved on campus
- ☐ Engage in community service
- ☐ Other _____

Emotional Wellness

- ☐ Sad/Anxious/Depressed Mood
- ☐ Stress/Feeling Overwhelmed
- ☐ Counseling Services
- ☐ Trauma
- ☐ Grief/Loss
- ☐ Other _____

Physical Health

- ☐ Sleep
- ☐ Appetite (Disordered Eating or Eating habits)
- ☐ Medications
- ☐ Health insurance access
- ☐ Practice healthier habits
- ☐ Other _____

Substance Use

- ☐ Addiction
- ☐ Recovery/Cessation
- ☐ Other _____

Conduct/Legal

- ☐ Current Legal Case
- ☐ Other _____

Accessibility Resource Office provides services for any Jefferson College student with a diagnosed disability, including but not limited to: visual, hearing, psychiatric, physical, and learning disabilities. Would you like more information on the services provided by the Accessibility Resource Office? ☐ Yes

Jefferson College prioritizes suicide prevention and only shares this information with individuals who are here to help. Please answer questions 1 and 2.

- 1) Have you wished you were dead or wished you could go to sleep and not wake up?
- 2) Have you actually had any thoughts of killing yourself?
If YES, answer all questions 3, 4, 5, and 6. If NO, skip directly to question 6.
- 3) Have you been thinking about how you might do this?
- 4) Have you had these thoughts and had some intention of acting on them?
- 5) Have you started to work out or worked out the details of how to kill yourself?
Did you intend to carry out this plan?

- 6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?
If YES, answer: Was this within the past 3 months?

In the past month

YES

NO

Lifetime

Past 3 months