

Emotional Health Checklist (EHC)

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Answer “Yes” or “No” to each question.

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| 1. | Do you often feel depressed, anxious, angry, or resentful? | Yes | No |
| 2. | Do you feel the need to hide your real feelings all the time? | Yes | No |
| 3. | Do you avoid facing your own negative feelings? | Yes | No |
| 4. | Do you sometimes feel that you are emotionally frozen or numb? | Yes | No |
| 5. | Do you still feel ashamed for something you have done? | Yes | No |
| 6. | Are you tormented by an inner pain that refuses to go away? | Yes | No |
| 7. | Are you fearful that sometimes you may lose self-control? | Yes | No |
| 8. | Do you keep people at a distance because you are afraid of getting hurt? | Yes | No |
| 9. | Do you feel pessimistic about your future? | Yes | No |
| 10. | Are you sick and tired of feeling miserable? | Yes | No |

The higher your score on Yes, the greater your need for healing.