



HEALTHY MINDS: LONELINESS AND ISOLATION ASSESSMENT

Occasional loneliness and isolation are normal parts of everyday life. When these feelings are prolonged, create difficulty establishing and maintaining relationships, negatively impact school performance or health, or cause low self-esteem, chronic loneliness or isolation may be to blame.

Use this form to determine your child’s risk factors for loneliness and isolation, if they are showing signs and symptoms, and if they need help.

LONELINESS AND ISOLATION RISK FACTORS (Answer these questions about your child; Circle your answer)

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|---|-----|----|------------|
| 1. Do they spend time with close family and friends? | Yes | No | Don't Know |
| 2. Do they have a disability, are LGBTQ+ or a racial, ethnic or religious minority? | Yes | No | Don't Know |
| 3. Are they a first-generation immigrant? | Yes | No | Don't Know |
| 4. Is English their first language? | Yes | No | Don't Know |
| 5. Do they lack access to social connections? | Yes | No | Don't Know |

Answering “yes” to **ANY** of these risk factors means your child is more likely than a child without these risk factors to feel chronically lonely or isolated at some point in their lives.

LONELINESS AND ISOLATION SIGNS AND SYMPTOMS (Ask yourself these questions about your child; circle your answers)

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|---|-----|----|------------|
| 1. Do they seem more down, withdrawn or sad than usual? | Yes | No | Don't Know |
| 2. Are they able to connect with others beyond a superficial, surface level? | Yes | No | Don't Know |
| 3. Do they doubt themselves, their self-worth or feel inadequate? | Yes | No | Don't Know |
| 4. Do they have imaginary friends to make up for their lack of real ones? | Yes | No | Don't Know |
| 5. Do they act timid or cry more than kids their age? | Yes | No | Don't Know |
| 6. Do they seek a lot of attention, whether positive or negative? | Yes | No | Don't Know |
| 7. Do they sleep well? | Yes | No | Don't Know |
| 8. Do they care about their appearance? | Yes | No | Don't Know |
| 9. Do they eat a lot of unhealthy foods? | Yes | No | Don't Know |
| 10. Do they show a lack of interest or boredom with life? | Yes | No | Don't Know |
| 11. Do they have friends? | Yes | No | Don't Know |
| 12. Do they refuse to participate in activities typical for a child their age?? | Yes | No | Don't Know |

DO THEY NEED HELP?

If you answer “yes” to **ANY** of these questions, your child may need support or help from a doctor, counselor or therapist. [Healthy Minds: Get Help](#) provides options for getting the help your child needs.

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|---|-----|----|
| 1. My child’s feelings of loneliness or isolation do not go away. | Yes | No |
| 2. My child’s loneliness or isolation interfere with daily activities. | Yes | No |
| 3. My child’s loneliness or isolation negatively impacts their relationships. | Yes | No |
| 4. My child’s loneliness has negatively impacted their mental or physical health. | Yes | No |

