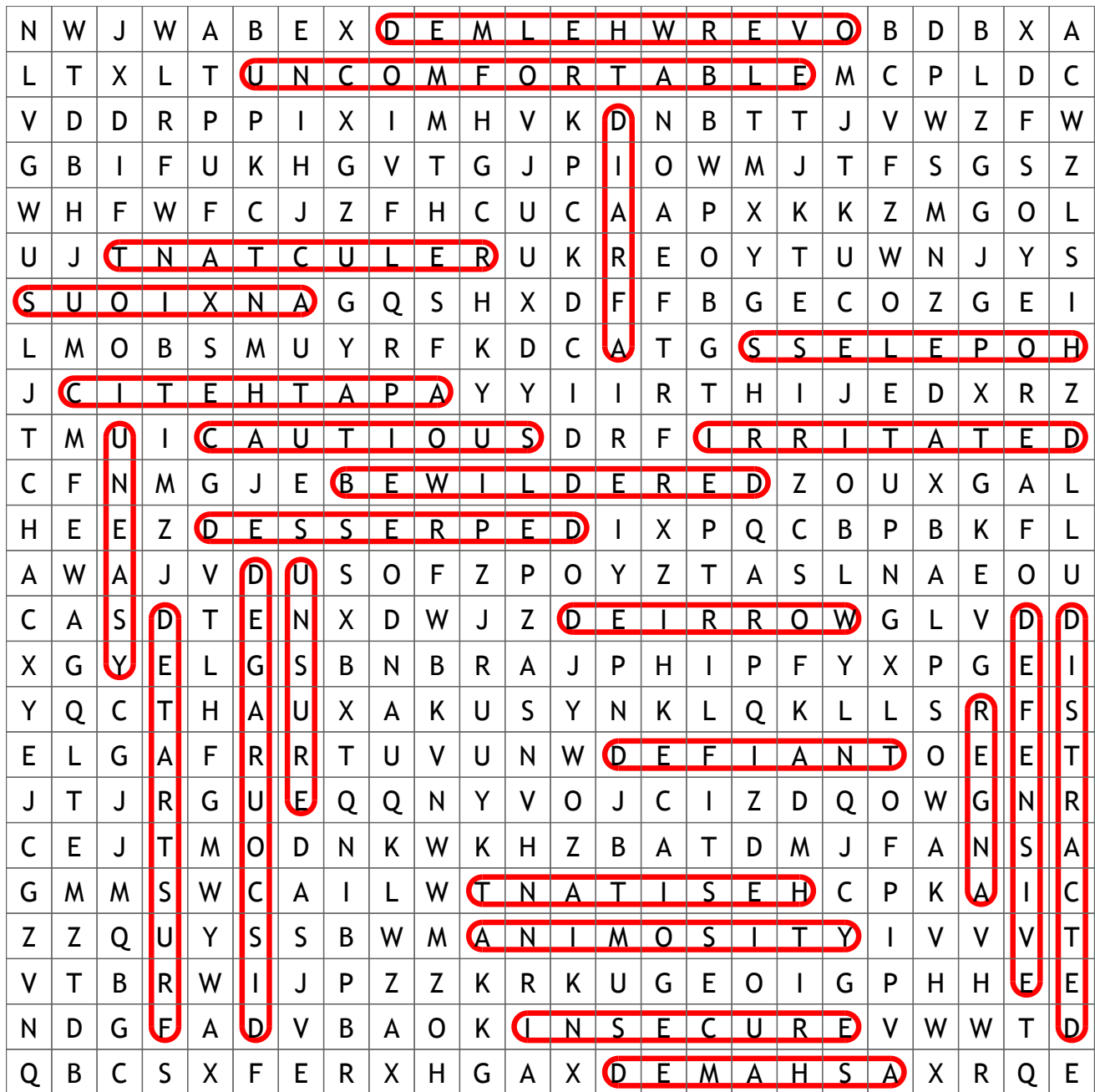


Name: _____

Date: _____

Mental Health Awareness / Feelings



uncomfortable
distracted
reluctant
insecure
worried
afraid

discouraged
frustrated
irritated
cautious
anxious
uneasy

overwhelmed
depressed
defensive
hopeless
ashamed
unsure

bewildered
apathetic
animosity
hesitant
defiant
anger