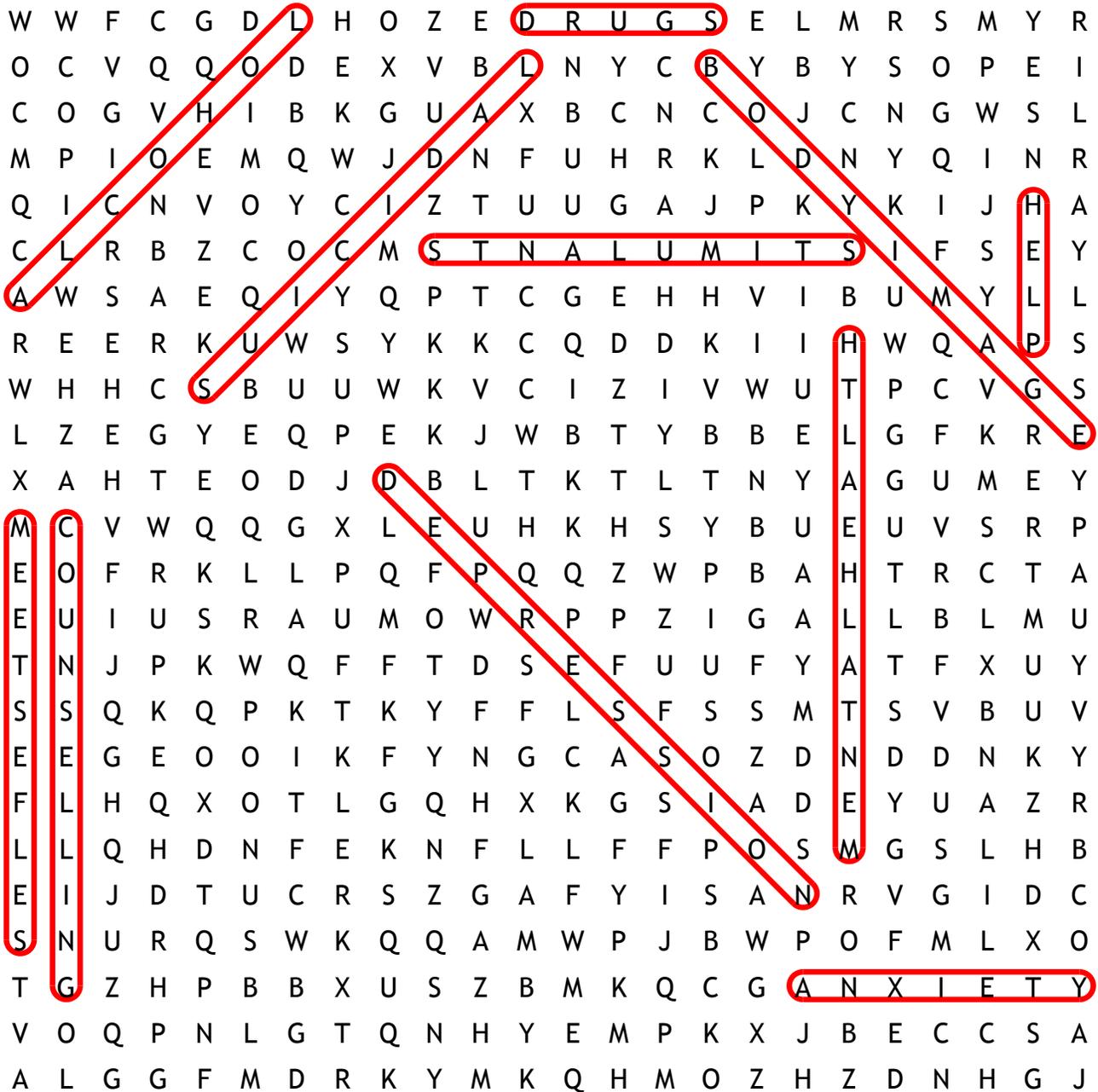


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Stronger



Mental health

Counselling

Self esteem

Depression

Stimulants

Body image

Suicidal

Anxiety

Alcohol

Drugs

Help