# Self Awareness Test

This test helps identify areas where patients may need to develop greater insight into their emotions, thoughts, and behaviors.

**Name:** _____ **Age:** _____

**Date:** _____ dd / mm / yyyy

**How do you describe yourself? List your qualities and traits:**

**How do you think others perceive you? List the qualities and traits you believe others associate with you.**

**Identify and list your common emotional responses in stressful situations.**

**How do you typically manage and express these emotions?**

**List your strengths and the situations in which you feel most confident.**

**List your weaknesses and the situations that challenge you the most.**

**Reflect on a recent decision you made. Why did you choose that course of action?**

**Think of a recent conflict or difficult situation. How did you handle it, and what was the outcome?**

List your core personal values and beliefs.

How do these values and beliefs influence your daily decisions and interactions?

Identify areas in your life where you want to improve your self-awareness.

What steps can you take to enhance your self-awareness in these areas?

Observations and recommendations:

Signature:

Name of Health Professional: _____ Name of Practice: _____