

GEMS ID

Initials

month

Date of Evaluation

 day

year

GEMS What I Think And Feel

Please read each question carefully. Place an X in the box under the word YES if you think it is true about you. Place an X in the box under the word NO if you think it is not true about you.

1. I like everyone I know.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. I am always kind.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. I always have good manners.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. I am always good.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. I am always nice to everyone.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. I tell the truth every single time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. I never get angry.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. I never say things I shouldn't.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. I never lie.	Yes <input type="checkbox"/>	No <input type="checkbox"/>