

Name _____

Date _____

MENTAL HEALTH CHECK-IN

WORKSHEET

How are you feeling today, really? Physically and mentally.

What's taking up most of your headspace right now?

Are you taking a full meal or drinking enough water these days?

Have you been sleeping peacefully lately?

Are you doing exercise these days?

What did you do today that made you feel good?

What good can you do for yourself today?