

Weekly Personal Mental Health Check-in Template

Use the table below to help you check-in with yourself and identify any changes in your ability to cope.

If you notice any changes, make a note of what strategies you are going to try, to take care of yourself.

Week: # _____ Date: _____

Area of check-in	Answer
Feelings <i>Have you noticed any changes in how you have been feeling this week? Give yourself a score from 0 (not at all) to 10 (extremely) of how stressed, anxious or down you are feeling.</i>	
Body <i>Have you noticed any changes in your own body? Do you have tight shoulders or jaw, tightness in your chest, dryness of mouth, difficulty breathing or heart racing?</i>	
Sleep <i>Have there been changes in your sleep pattern? Are you struggling to get to sleep, waking in the night or waking earlier than usual and finding it difficult to get back to sleep?</i>	
Thoughts <i>Have you been focusing on 'what if' situations? Are you always worrying about the worst-case scenarios?</i>	
Reactions & Behaviour <i>Have you been acting differently to those around you or how you treat yourself? Are you snapping at those you love, finding it extremely difficult to focus, or always depending on things like alcohol or food to cope?</i>	
Check-in buddy <i>Have you spoken to your check-in buddy about how you're feeling this week?</i>	
Strategies I will try this week	
<input type="checkbox"/> Make a self-care plan	<input type="checkbox"/> Notice my thoughts and try to think in a helpful way
<input type="checkbox"/> Do physical activity or get fresh air each day	<input type="checkbox"/> Try an online course or program
<input type="checkbox"/> Do something that gives me pleasure and/or a sense of achievement each day	<input type="checkbox"/> Get professional help

