

Mental Health & Wellbeing check in



SIKH
Mental Health & Wellbeing
 Sarbat Da Bhala (blessings for all)

Circle or fill in the information on the form, then discuss the results with your adviser.

Name: Date:

How are you feeling?

How is your energy at the moment?

What is affecting you lately?

- Children and home life
- Becoming a parent
- Work pressures
- Family worries
- Money or benefit issues
- Caring for someone
- Physical health problems
- Bereavement
- Divorce
- Relationship problems
- Experienced a crime
- Moving house
- Change of job
- Redundancy/unemployment
- Other big life event:
- Other:

Describe how you are feeling lately?

How many hours of unbroken sleep do you get?
 (most adults need 7-9 hours)

What's the first thing you do after waking up and opening your eyes? (What do you think about/reach for?)

Technology

How many hours per day do you view a screen (TV or Computer)?

Do you take regular breaks from your mobile and for how long?

Do you use your mobile phone in bed before sleep?

Yes	No
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Food and drink

How much of these fluids do you drink?

Water (glasses) Daily	Tea (cups) Daily	Coffee (cups) Daily	Herbal/other (cups) Daily	Smoothies (glasses) Daily	Alcohol (units) Weekly
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6-8 glasses recommended	Limit to 4	Limit to 2	Limit to 4	Limit to 1	Limit to 14 units

How much of these types of foods do you eat?

Vegetables (portions) Daily	Fruit (portions) Daily	Processed (meals) Daily	Takeaways (meals) Weekly	Eating out (meals) Weekly
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 portions fruit/veg	5 portions fruit/veg	Limit as much as possible	Limit to 1	Limit to 1 unless it is healthy

Lifestyle

What hobbies do you take part in each week?

What exercise/activities do you do each week?

Do you pray or meditate, what is your practice?

Habits

Do you comfort eat when your stressed?

 Yes No

Do you have regular breaks from work?

 Yes No

Do you take time out every day for yourself?

 Yes No

Do you go for walks/outside regularly?

 Yes No

Do you smoke?

 Yes No