Wellbeing check-in

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

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

Name: _____ **Date:** _____

How are you feeling?

Level	Feeling
5	Angry
4	Frustrated
3	Worried
2	Sad
1	Calm
0	Happy

How is your energy at the moment?

- Very low
- Low
- Medium to Low
- Medium
- Medium to high
- High
- Very high

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

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
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
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 you are 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