Just Checking In

Weekly Wellbeing Check-in Pack

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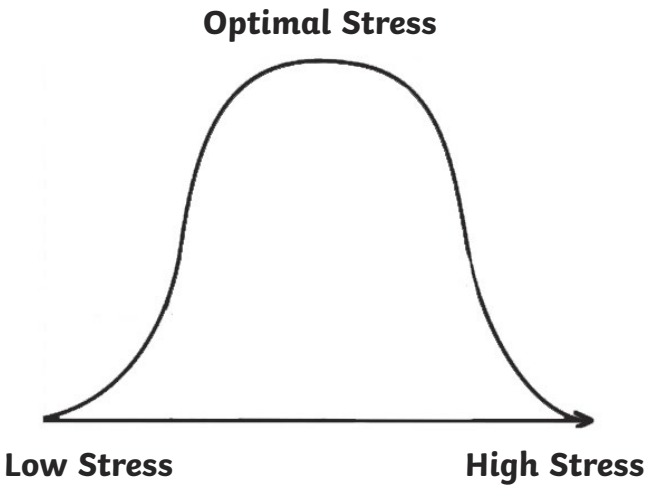
Stress Check In

Stress Check-In Curve



Date:

What Am I Feeling?

How Can I Manage My Stress Level?

-
-
-

Low Stress Characteristics	Optimal Stress Characteristics	High Stress Characteristics
bored	focused	poor judgement
inactive	motivated	negative
unmotivated	challenged	anxiety
relaxed	high energy	lack of concentration
laid back	adrenaline	fatigue
	high performance	
	achievement	

Most Stressful Moment

Most Relaxed Moment

Self-Care Check-in

Date:

Self-Care Focus	What Am I Feeling?
Physical Health	
Mental Health	
Emotional	
Social	
Professional	
Environmental	
Spiritual	
Financial	

What Is Your Self-Care Daily Practice?

What Was Your Favourite Act of Self-Care This Week?

What Was Your Least Favourite Act of Self-Care?

Rate Your Self-Care

1	2	3	4	5	6	7	8	9	10

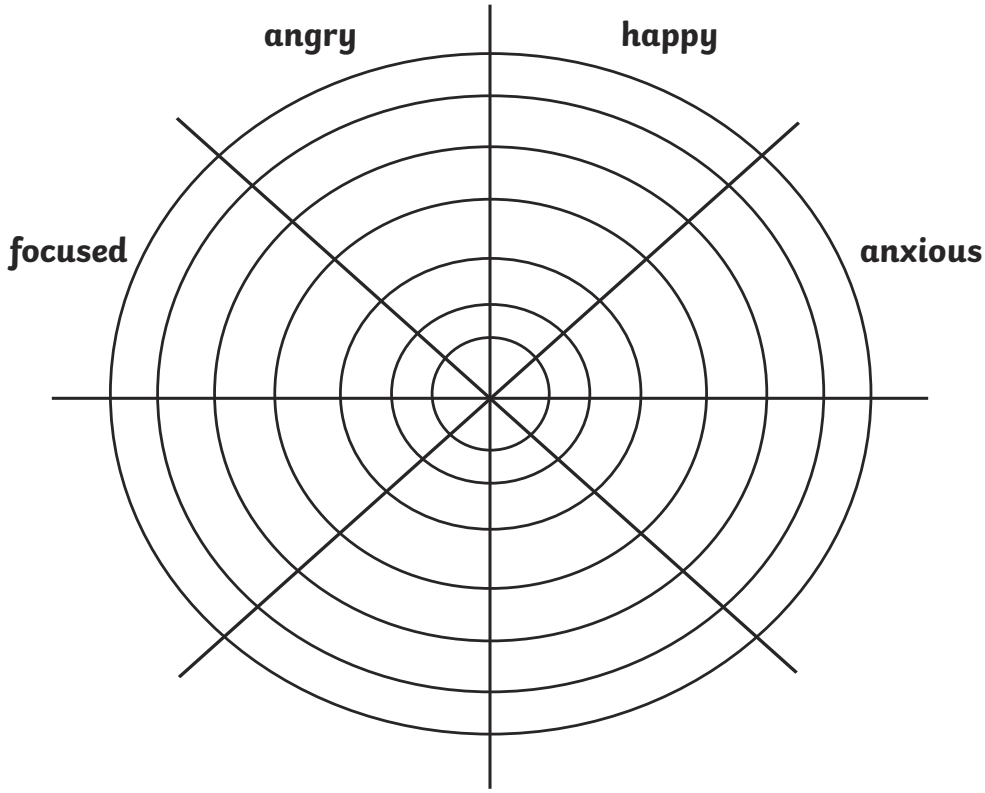
Needs Work **Optimal Level** **High Level**

Mental Health Check-in

Date:

Rate Your Mental Health This Week									
1	2	3	4	5	6	7	8	9	10

Mood and Emotion Tracker



Things That Helped My Mood This Week

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-
-

Things That Heightened My Mood/Emotions

-
-
-

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Things I Need to Get Off My Chest
•   •   •

Mood/Emotions/Symptoms	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

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Gratitude Check-in

Date:

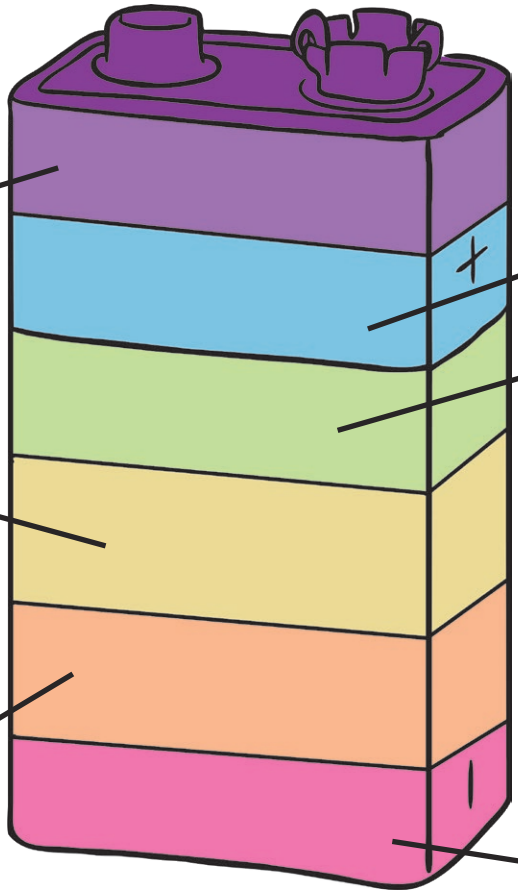
What Are You Most Grateful for Today?	
Monday	• • • •
Tuesday	• • • •
Wednesday	• • • •
Thursday	• • • •
Friday	• • • •
Saturday	• • • •
Sunday	• • • •

Energy Level Check-in

Check Your Battery! How Are You Feeling Today?

Feeling great
Keep doing what you're doing and practise self-care!

Feeling good
How can you maintain this current level of energy?



Feeling okay
How can you make your day better?

50/50
How can you maintain this current level of energy?

Struggling
What area of your life is suffering? Focus on improving this one thing first.

Drained
Think about what it is that is draining you. Can you set boundaries to avoid this in the future?

Notes

Monday	Date:
Tuesday	Date:

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Wednesday	Date:
Thursday	Date:
Friday	Date:
Saturday	Date:
Sunday	Date:

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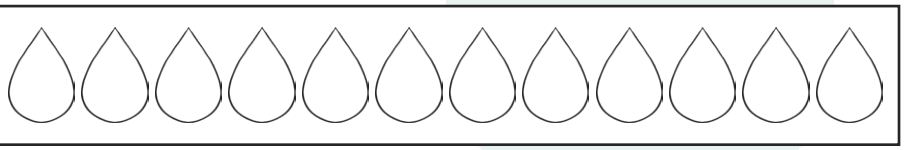
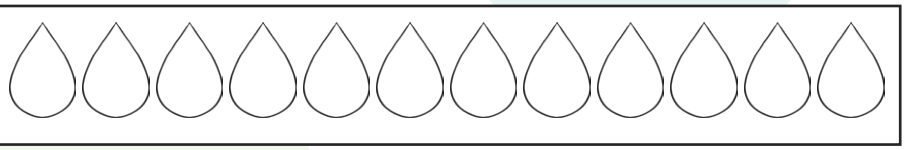
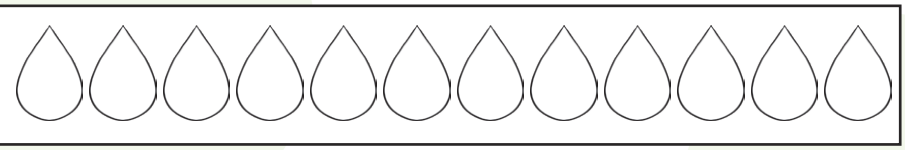
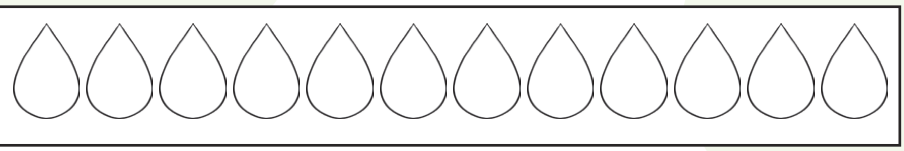
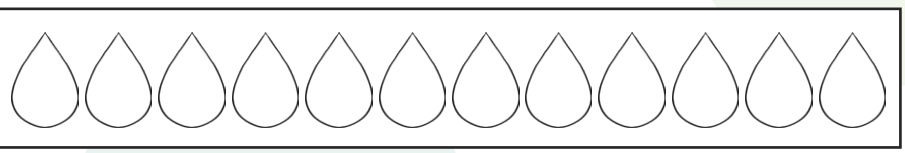
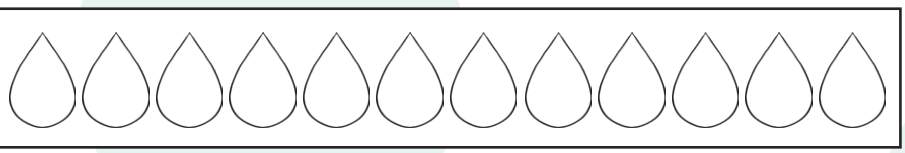
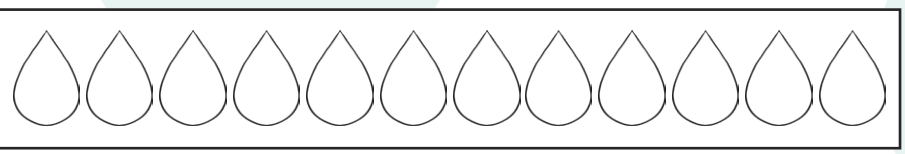
Hydration Check-in

How Much Water Are You Drinking This Week?

Daily Goal:

Monday Date:	
Tuesday Date:	
Wednesday Date:	
Thursday Date:	
Friday Date:	
Saturday Date:	
Sunday Date:	

Sleep Check-in

How Was Your Sleep This Week?	
Deep, restful sleep	Restless sleep
Good but not enough sleep	Very little sleep
Trouble falling asleep	Too much sleep

Notes	
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Tuesday	Date:
Wednesday	Date:
Thursday	Date:

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Friday	Date:
Saturday	Date:
Sunday	Date:

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Struggling With Check-in

What Are You Struggling with This Week?	
Taking care of my needs	Friendship/family issues
Setting healthy boundaries	Career fulfilment
Self-sabotage	Finances
Feeling depressed	Finding inner peace
Asking for help	Health issues
Work/life balance	

What Can You Do to Improve Your Current Situation?	
Notes	
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Tuesday	Date:

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Saturday	Date:
Sunday	Date:

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