

Date:	
Date.	

Daily Mental Health Check-In

Overall Mood Rating						
1 Low	\bigcirc 3	5 Neutral	\bigcap_{7}	10 High		
Emotions I'm Experiencing (Check all that apply)						
<u> </u>						
Happy	Sad	Anxious	Calm			
Angry	Stressed	Grateful	Overwhelmed			
Sleep & Energy Lev	rels					
Sleep Quality:			(1) (2) (3) (4)	5		
Energy Level:			$\begin{array}{cccccccccccccccccccccccccccccccccccc$	5		
Hours of sleep last night:			0000			
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Notes & Reflections						
What's on your mind? Any key events or triggers today?						
Today's Wins						
2 things you accomplished today:						
1						
2						