



Mental Health Checklist

The Mental Health Checklist is intended to help you assess how you're doing with self-care. Complete this questionnaire in a calm space, both mentally and physically, and be honest with your answers. Aim to identify a family member, teacher, mentor, physician, or other trusted adult with whom you feel comfortable discussing your responses.

Please note that this questionnaire is not a clinical diagnostic tool and should not be used as a substitute for seeking professional support.

Sleep

1. Are you sleeping 7-9 hours/night?

Yes **No**

If not, how many hours a night do you sleep on average? _____

2. Do you fall asleep in less than 20 minutes?

Yes **No**

If not, how long does it usually take you? _____

3. Once you're asleep, do you stay asleep all night?

Yes **No**

If not, how often do you wake up? _____

4. Do you ever take medication to help you fall asleep?

Yes **No**



Wellness

1. Do you exercise 2-3 times/week?

Yes **No**

If not, how often? _____

2. Do you drink 8-10 glasses of water each day?

Yes **No**

If not, how many? _____

3. Do you eat three meals each day?

Yes **No**

If not, when are you eating? _____

4. Do you eat at least some fruits or vegetables most days?

Yes **No**

5. Do you visit your school nurse more than once/month?

Yes **No**

If yes, what are you visiting them for? _____

6. How many days of school do you miss in a year? _____

Social Life

1. Do you ever find time to get bored (that's a good thing!)?

Yes **No**

2. Do you have enough unstructured downtime with friends?

Yes **No**



3. Describe your relationship with your parents.

4. Do you spend more than two hours each day in front of a computer or TV screen?

Yes No

If yes, how many hours? _____

5. Do you have close friends who you trust?

Yes No

6. Do you feel connected to at least one adult at school or elsewhere in your life?

Yes No

Common mental health pitfalls

1. Do you notice that you're anxious or worried on a daily basis?

Yes No

If yes, what are you usually worried about? _____

2. Do other people call you "a worrier?"

Yes No

3. Do you feel like you have enough energy most days?

Yes No

4. How often would you describe your mood as sad?

Yes No

5. Do you get irritated or frustrated faster than you'd like to?

Yes No



6. Do you consider yourself disorganized?

Yes **No**

If yes, does it create problems in your life?

Yes **No**

7. Are you easily distracted?

Yes **No**

Look back at your checklist and pick 2-3 items that you'd like to focus on for this semester. Make a plan for how you will improve on each of these items using the space below:

The 2-3 items I'd like to focus on this semester are:

1. _____
2. _____
3. _____

One way I'll follow through on each of these is:
