

Mood Check-in Sheet

Our moods and feelings are always on the move. Sometimes we feel great, sometimes we feel okay and sometimes we just don't feel right somehow and may need some extra support. This form is a quick and easy way to help you, and those that care about you, check-in with how you're doing.

How to use this Mood Check-in Sheet

If the feeling or mood mentioned in the sentence has been around more than usual for you in the past two weeks, tick YES.

If the feeling or mood has been around part of the time in the past two weeks, tick SOMETIMES.

If the feeling or mood has not been around in the past two weeks, tick NO.

Scoring your answers

If you have put YES, score yourself 2 POINTS.

If you have put SOMETIMES, score yourself 1 POINT.

If you have put NO score yourself 0 POINTS.

If you score 15 points or more, it may be time to ask some support because you matter and how you feel is important. If the moods and feelings remain the same for more than two weeks, some extra help may be needed. It's no fun feeling sad or miserable but there are people who can help.

On the next pages, there is an example Mood Check-in Sheet that's been filled in to show you how it works, then a blank template for you to use.



Example Mood Check-in Sheet

| | Yes | Sometimes | No |
|-----------------------------------------------------|-----|-----------|----|
| I felt sad or unhappy | X | | |
| I didn't enjoy the things I normally enjoy | X | | |
| I didn't feel like doing anything | | X | |
| I felt restless | | | X |
| I felt like nothing I did was any good anymore | | X | |
| I lost interest in my hobbies | | X | |
| I cried more easily than usual | | | X |
| I found it more difficult to concentrate than usual | X | | |
| I felt hopeless | | | X |
| I was angrier than usual | | X | |
| I felt lonely | | X | |
| I didn't want to talk to anyone | | X | |
| I felt unloved | | | X |
| I lost my smile | | X | |
| I worried about things | | X | |
| TOTAL: 14 | | | |



Mood Check-in Sheet

| | Yes | Sometimes | No |
|-----------------------------------------------------|-----|-----------|----|
| I felt sad or unhappy | | | |
| I didn't enjoy the things I normally enjoy | | | |
| I didn't feel like doing anything | | | |
| I felt restless | | | |
| I felt like nothing I did was any good anymore | | | |
| I lost interest in my hobbies | | | |
| I cried more easily than usual | | | |
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| I felt hopeless | | | |
| I was angrier than usual | | | |
| I felt lonely | | | |
| I didn't want to talk to anyone | | | |
| I felt unloved | | | |
| I lost my smile | | | |
| I worried about things | | | |
| TOTAL: | | | |