Emotional Wellness CHECK-IN

MONTH: .....

YEAR: .....

Am I able to Identify the different emotions I am feeling, beyond just happy or sad?	
What emotions do I feel most often?	
What is my least favorable emotion and when do I feel it most?	
How is my stress level today compared to last week? Month? Year?	
Has anything major happened to me (good or bad)? How have I managed my emotions?	
The last time I saw my friends was _____.	
These are the current people In my support network that I can reach out to If I need someone.	
This is what has made me really happy recently_____.	
I am finding _____ to be a bit of a challenge right now.	
My eating habits are _____. I can Improve by _____.	
My exercise habits are _____. I can Improve by _____.	

Self- Love Notes