

Assessing Your Mental Health

Use this worksheet to assess how you are doing currently with your mental health. This information can be useful to notice changes and patterns over time, as well as provide details for talking with others about your experiences.

Reflect On Your Feelings

What are you feeling? Use the following emotion words or add your own:

Happy

Sad

Excited

Gloomy

Angry

Confused

Calm

Content

Annoyed

Worried

Enthusiastic

Scared

Are these emotions persistent or do they come and go? How do you feel you currently cope with these emotions?

What does it look like when your mental health is strong?

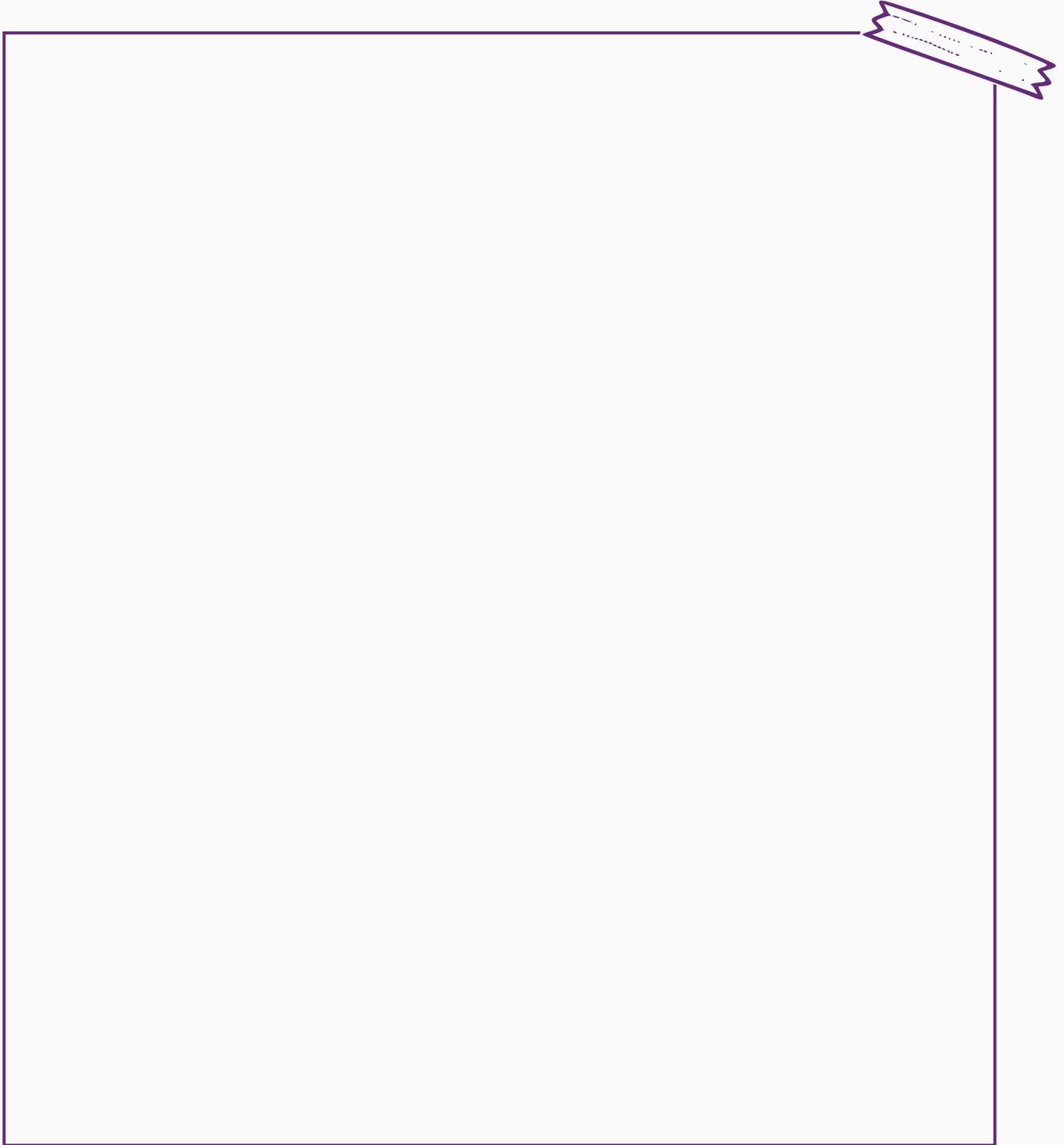
What does it look like when your mental health needs support?

Where do you fall today?

How do you currently cope with difficult situations? Do you think this is helpful/enough?

If you were thinking of making a change, where would you start?

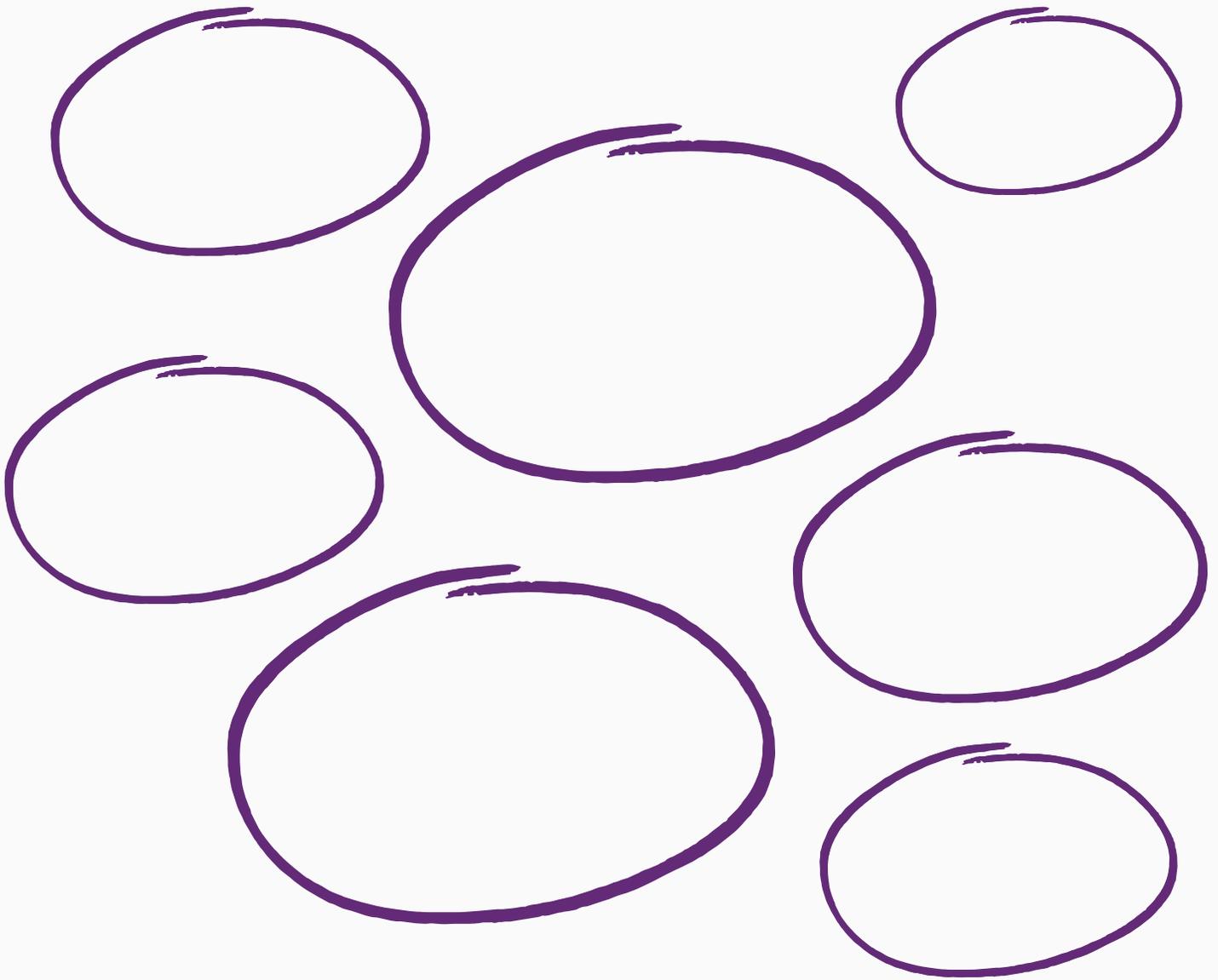
Notes Use this page to jot down some of your reflections from the prompts provided.



Be Honest With Yourself

- Is this something that is impacting your daily life?
- If you asked a loved one, what changes or patterns would they say they've noticed?
- How would asking for support make you feel?

Write some affirmations to keep in mind as you face these challenging emotions.



Mental Health Continuum

Mental health, like physical health, exists on a continuum. It is a dynamic state that can deteriorate or improve given the right set of circumstances.

Take a moment to reflect on what your mental health looks like at each stage of the continuum.

This information can help you identify when you are moving towards reacting, injured or ill and act appropriately.



What this looks like for you:

Healthy	Reacting	Injured	Sick

Actions you can take at each phase of the continuum:

Healthy	Reacting	Injured	Sick

The Working Mind. Mental Health Continuum Model. Mental Health Commission of Canada, Oct. 2020. <https://www.verywellmind.com/what-is-empathy-2795562>

Discussing Your Mental Health With Your Doctor

Use the following form to record information that is important to share with a doctor or trusted health professional. You can share this form with them to make it easier to describe your experiences.

Symptoms: Describe the specific symptoms you're experiencing or use the checkboxes

Physical

- Trouble sleeping
- Sleeping more than usual
- Significant fatigue
- Changes in appetite
- Headaches
- Upset stomach
- Sudden weight gain or loss
- Heart racing
- Troubles breathing

Thoughts

- Fears or worries
- Confusion
- Reduced ability to concentrate
- Trouble understanding situations
- Thinking something is wrong
- Trouble relating to others
- Suicidal thoughts

Feelings

- Sad
- Anxious
- Confused
- Frustrated
- Easily overwhelmed
- Stressed
- Mood swings
- Feeling numb
- Anger

Behaviours

- Avoiding friends and family
- Loss of interest in daily activities
- Struggle to be productive
- Cancelling plans
- Emotional outbursts
- Increased use of drugs, or alcohol
- Trouble coping with daily problems or stress

Other Symptoms

Duration

How long have you been experiencing these symptoms? Are they persistent or do they come and go over time?

Impact

How are your symptoms impacting your ability to function in various areas of life?

Work/School	Daily Activities	Relationships

Triggers

Are there any specific triggers or stressors that may be contributing to your mental health symptoms? Consider life events, relationship issues, work-related stress, or traumatic experiences.

Consider Your Stress Levels



What might be causing this stress?

Treatment History

Have you tried any mental health treatments in the past? This could include therapy, counselling, medications or self-help strategies. Describe what has helped or not helped in the past.

Medical History

Is there anything a doctor should know about your medical history?

Other Health Conditions:

Medications:

Family History of Mental Health Disorders:

Substance Use

Be honest about any alcohol, drug, or substance use.

Goals and Preferences

Do you have specific goals you'd like to focus on? Do you have preferences for specific types of treatment?

Write down any questions or concerns you would like addressed.

-
-
-



Appointment Notes

Use this worksheet if you'd like to take notes on what the doctor or health professional discusses during your appointment.

Appointment Date:

Healthcare Professional:

Reason for Visit

--

Questions

--

Notes

--

Treatment Options

--

Treatment Prescribed

--

Resources, Referrals, and/or Recommendations

--

Follow-Up Appointment Date:

My Wellness Plan

Use the following document to track your wellness journey including any treatments, results, questions or changes.

Goals

Short-Term	Long-Term

Treatments

Treatments can include a variety of things such as medications, therapy, breathing techniques, self-care, physical health recommendations, etc.

Treatment/Intervention	
Reflection	
Changes/Questions	

Treatment/Intervention	
Reflection	
Changes/Questions	

Treatment/Intervention	
Reflection	
Changes/Questions	

Reflect

How are these treatments working? What else do you need?

Make a Plan

A mental health plan is an action plan that is made to support your journey, so everyone on your team knows exactly how best to support you.

Signs I Need More Support

Good Ways To Cope

Some Safe People I Can Reach

Ways To Keep Myself Safe



Self-Care Starter Pack

Self-care is anything you do that helps you be healthy, do your job, and help and care for others. Self-care ensures you can do all the things you need to or want to accomplish in a day.

Self-care can be an important tool to help cope with difficult feelings while you are seeking support from others, are engaging in treatment, or it can ensure you stay balanced while you are feeling healthy.

Right Now, I Feel...

Happy	Sad	Frustrated	Stressed
Tired	Confused	Hopeful	Angry
Anxious	Bored	Annoyed	Excited
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add your own!

Right Now, I Need...

Time Alone	Sleep	Food	Fresh Air
Rest	To Be Productive	A Listening Ear	Socializing
Advice	Exercise	A Distraction	Balance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Self-Care Toolkit

Someone I Can Reach Out To



A Form of Exercise or Movement



A Hobby I Enjoy



Something That Relaxes My Mind/Body



Something Comforting



A Food That Makes Me Happy

