

Wellness Check Form:

1. When was the last time you attended class/ work?
2. This week, how many hours on average are you sleeping per night?
3. On a scale of one-to-ten, one being “I feel awful” and ten being “I feel terrific and happy”, where would you rate how you feel throughout this week?
4. On a scale of one-to-ten, one being “I am too anxious to think, complete tasks, etc.” and ten being “I feel no anxiety and have no problem completing any tasks I have”, where would you rate yourself throughout this week?
5. On a scale of one-to-ten, one being “I cannot do this” and ten being “I can do this no problem”, where would you rate yourself throughout this week?
6. What resources have you used in the past to assist you?
7. Are you involved in a Lifegroup, club of any kind, intramurals, etc.?
8. Would you consider using Southern’s counseling service, if you have not already?