

Name:

Start Date:

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Recovery ↑	Good	12	○	○	○	○	○	○	○	○	○	○
		11	○	○	○	○	○	○	○	○	○	○
		10	○	○	○	○	○	○	○	○	○	○
	OK	9	○	○	○	○	○	○	○	○	○	○
		8	○	○	○	○	○	○	○	○	○	○
		7	○	○	○	○	○	○	○	○	○	○
	Not so good	6	○	○	○	○	○	○	○	○	○	○
		5	○	○	○	○	○	○	○	○	○	○
		4	○	○	○	○	○	○	○	○	○	○
	Difficult	3	○	○	○	○	○	○	○	○	○	○
		2	○	○	○	○	○	○	○	○	○	○
		1	○	○	○	○	○	○	○	○	○	○
Very difficult	0	○	○	○	○	○	○	○	○	○	○	
			1	2	3	4	5	6	7	8		
			Week →									

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Name: \_\_\_\_\_

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Think back over the last week and mark the circle on the chart that best describes your experience.

How have things been in close relationships?					
Very difficult  0	Difficult  1	Not so good  2	OK  3	Good  4	4
					3
					2
					1
					0
					1 2 3 4 5 6 7 8

How have things been socially? (e.g. at work/school/college, at social events, shopping, volunteering in your community, and in groups/clubs you attend.)					
Very difficult  0	Difficult  1	Not so good  2	OK  3	Good  4	4
					3
					2
					1
					0
					1 2 3 4 5 6 7 8

How were your emotions and feelings?					
Very difficult  0	Difficult  1	Not so good  2	OK  3	Good  4	4
					3
					2
					1
					0
					1 2 3 4 5 6 7 8

Overall, how has your week been?					
Very difficult  0	Difficult  1	Not so good  2	OK  3	Good  4	4
					3
					2
					1
					0
					1 2 3 4 5 6 7 8

Recovery ↑	Good	16																
		15																
		14																
	OK	13																
		12																
		11																
	Not so good	10																
		9																
		8																
	Difficult	7																
		6																
		5																
	Very difficult	4																
		3																
		2																
			1															
			0															
Week →			1	2	3	4	5	6	7	8								

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Recovery Tracker (7 Days)											
Recovery →	Good	12	○	○	○	○	○	○	○	○	
		11	○	○	○	○	○	○	○	○	
		10	○	○	○	○	○	○	○	○	
	OK	9	○	○	○	○	○	○	○	○	
		8	○	○	○	○	○	○	○	○	
	Not so good	7	○	○	○	○	○	○	○	○	
		6	○	○	○	○	○	○	○	○	
		5	○	○	○	○	○	○	○	○	
	Difficult	4	○	○	○	○	○	○	○	○	
		3	○	○	○	○	○	○	○	○	
		2	○	○	○	○	○	○	○	○	
	Very difficult	1	○	○	○	○	○	○	○	○	
		0	○	○	○	○	○	○	○	○	
		Day →	1	2	3	4	5	6	7		

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How well did you do at connecting with positive and supportive people?																																																																
Not so good	OK	Good	Great	<table border="1"> <tr><td>4</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>3</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>2</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>1</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>0</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr> <td></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td></td> </tr> </table>	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		1	2	3	4	5	6	7	8	
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*This paper version of this tool is free to use and share – but not alter. Users are solely responsible for their use of this tool. The creator, Gearóid Carey, assumes no responsibility for any consequences arising from its use. Gearóid Carey disclaims all liability for any damages or harm resulting from the use, reference to, or reliance on this tool. Children and adolescents should only use this tool under the supervision of a responsible adult, such as a parent or legal guardian. This tool is intended as a self-help resource. For the full disclaimer, visit [www.WellbeingTrackers.com](http://www.WellbeingTrackers.com)*



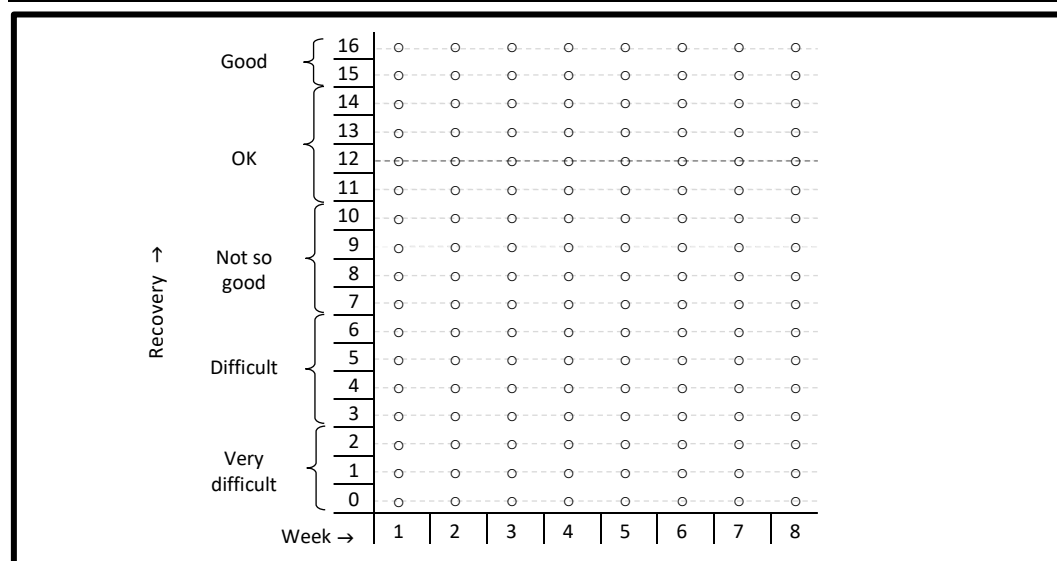
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Overall, how has your week been?									
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Name:

Start Date:

*When you are recovering from a difficult time in your life it is helpful to track and reflect on your progress. Think back over the day and mark the circle on the chart that best describes your experience.*

How well did you do at connecting with positive and supportive people?																																																															
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Very difficult	Difficult	Not so good	OK	Good	<table border="1"> <tr><td>4</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>3</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>2</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>1</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>0</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </table>	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																		
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																		
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																		
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																		
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																		
0	1	2	3	4	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> </tr> </table>	1	2	3	4	5	6	7	8																																															
1	2	3	4	5	6	7	8																																																					

How were your emotions and feelings?													
Very difficult	Difficult	Not so good	OK	Good	<div> <div>4</div> <div>3</div> <div>2</div> <div>1</div> <div>0</div> </div> <div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> </div>								
0	1	2	3	4		1	2	3	4	5	6	7	8

Recovery ↑

Recovery Level	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Good	12	○	○	○	○	○	○
	11	○	○	○	○	○	○
	10	○	○	○	○	○	○
OK	9	○	○	○	○	○	○
	8	○	○	○	○	○	○
	7	○	○	○	○	○	○
Not so good	6	○	○	○	○	○	○
	5	○	○	○	○	○	○
	4	○	○	○	○	○	○
Difficult	3	○	○	○	○	○	○
	2	○	○	○	○	○	○
	1	○	○	○	○	○	○
Very difficult	0	○	○	○	○	○	○

Day →

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Name:	Start Date:
-------	-------------

Think back over the last week and mark the circle on the chart that best describes your experience.

How well have you done at connecting with positive and supportive people?									
No one	Not so good	OK	Good	Great	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4		1	2	3	4

How have things been in close relationships?									
Very difficult	Difficult	Not so good	OK	Good	<div> <div>4</div> <div>3</div> <div>2</div> <div>1</div> <div>0</div> </div> <div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> </div> <div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> </div> <div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> </div> <div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> </div> <div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> </div>				
0	1	2	3	4	<div> <div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div> </div>				

How have things been socially? (e.g. at work/school/college, at social events, shopping, volunteering in your community, and in groups/clubs you attend.)													
Very difficult  0	Difficult  1	Not so good  2	OK  3	Good  4	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
					3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
					2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
					1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
					0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
						1	2	3	4	5	6	7	8

How were your emotions and feelings?												
Very difficult	Difficult	Not so good	OK	Good	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8				

Overall, how has your week been?													
Very difficult	Difficult	Not so good	OK	Good	<div> <div>4</div> <div>3</div> <div>2</div> <div>1</div> <div>0</div> </div> <div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> </div> <div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> </div> <div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> </div> <div> <div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div><div>○</div> </div>								
0	1	2	3	4		1	2	3	4	5	6	7	8

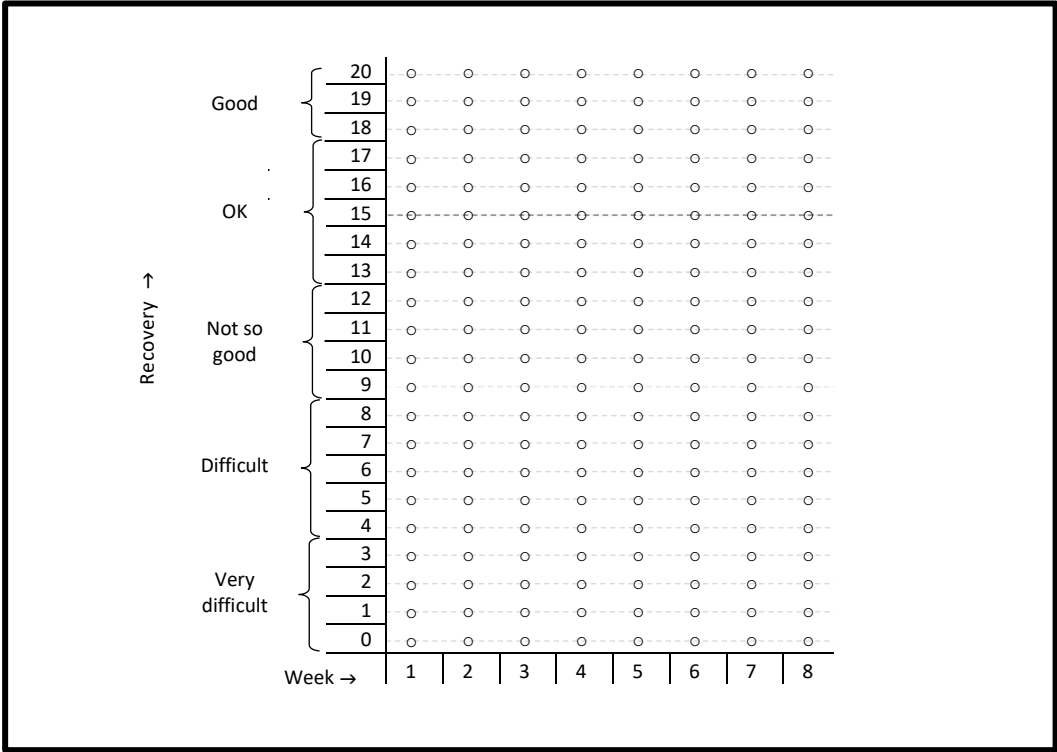
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RECOVERY TRACKER (PLUS 2) CHART

Name:

Start Date:



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Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

*Think back over the last week and mark the circle on the chart that best describes your experience.*

[illegible]

How have things been in close relationships?																
Very difficult	Difficult	Not so good	OK	Good	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8								

How have things been socially? (e.g. at work/school/college, at social events, shopping, volunteering in your community, and in groups/clubs you attend.)									
Very difficult	Difficult	Not so good	OK	Good	<div> <div>4</div> <div>3</div> <div>2</div> <div>1</div> <div>0</div> </div> <div> <div>○ ○ ○ ○ ○ ○ ○ ○ ○ ○</div> <div>○ ○ ○ ○ ○ ○ ○ ○ ○ ○</div> <div>○ ○ ○ ○ ○ ○ ○ ○ ○ ○</div> <div>○ ○ ○ ○ ○ ○ ○ ○ ○ ○</div> <div>○ ○ ○ ○ ○ ○ ○ ○ ○ ○</div> </div>				
0	1	2	3	4	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div>				

How were your emotions and feelings?									
Very difficult	Difficult	Not so good	OK	Good	<div> <div>4</div> <div>3</div> <div>2</div> <div>1</div> <div>0</div> </div> <div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> <div><input type="radio"/></div> </div>				
0	1	2	3	4	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> </div>				

Overall, how has your week been?									
Very difficult	Difficult	Not so good	OK	Good	<div> <div>4</div> <div>3</div> <div>2</div> <div>1</div> <div>0</div> </div> <div> <div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div><div><input type="radio"/></div> </div>				
0	1	2	3	4	<div> <div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div> </div>				

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# RECOVERY TRACKER CHART – 2A

Name:

Start Date:

Recovery →	Good	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OK	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not so good	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Difficult	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very difficult	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Week →		1	2	3	4	5	6	7	8

On how many days did you use over the last week?

7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week →	1	2	3	4	5	6	7	8

How harmful was your use?

Extremely harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderately harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A little harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week →	1	2	3	4	5	6	7	8

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Name:	Start Date:
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Complete this tracker once a week to monitor your progress.

On how many days did you use over the last week?								
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6	7	8
Week →								

How harmful was your use?								
Extremely harmful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very harmful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderately harmful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A little harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5	6	7	8
Week →								



Name:

Start Date:

Mark the circle on the chart that best fits your experience in this role

I feel supported to do my work well as a \_\_\_\_\_.

Not at all supported	A little supported	Moderately supported	Very supported	Extremely supported	<div><div>4</div><div>3</div><div>2</div><div>1</div><div>0</div><div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div></div>
0	1	2	3	4	

I enjoy being a \_\_\_\_\_.

Not at all enjoyable	A little enjoyable	Moderately enjoyable	Very enjoyable	Extremely enjoyable	<div><div>4</div><div>3</div><div>2</div><div>1</div><div>0</div><div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div></div>
0	1	2	3	4	

Good

Think about ways to improve your score.

Very Low

8

7

6

5

4

3

2

1

0

1

2

3

4

5

6

7

8

9

10

11

12

Month →

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Name:

Start Date:

Managing your healthspan well will give you a long and healthy life while boosting your mental, emotional and physical wellbeing. Think back over the last week and tick the box that fits best.

How well did you do at getting enough exercise?

Not so good	OK	Good	Great	<div><div>3</div><div>2</div><div>1</div><div>0</div><div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div></div>
0	1	2	3	

How well did you do at eating healthily, while avoiding snacking, processed food, and junk food?

Not so good	OK	Good	Great	<div><div>3</div><div>2</div><div>1</div><div>0</div><div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div></div>
0	1	2	3	

How well did you do at enjoying life and keeping your stress levels low?

Not so good	OK	Good	Great	<div><div>3</div><div>2</div><div>1</div><div>0</div><div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div></div>
0	1	2	3	

Wellbeing →

Good

OK

Urgently needs attention

9

8

7

6

5

4

3

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Week →

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Name:

Start Date:

Managing your healthspan well will give you a long and healthy life while boosting your mental, emotional and physical wellbeing. Think back over the day and tick the box that fits best.

How well did you do at getting enough exercise?				
Not so good	OK	Good	Great	<div><div>3</div><div>2</div><div>1</div><div>0</div><div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div></div>
0	1	2	3	

How well did you do at eating healthily, while avoiding snacking, processed food, and junk food?				
Not so good	OK	Good	Great	<div><div>3</div><div>2</div><div>1</div><div>0</div><div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div></div>
0	1	2	3	

How well did you do at enjoying life and keeping your stress levels low?				
Not so good	OK	Good	Great	<div><div>3</div><div>2</div><div>1</div><div>0</div><div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div></div>
0	1	2	3	

Wellbeing →	Good	9	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>						
		8	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>						
		7	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>						
	OK	6	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>						
		5	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>						
	Urgently needs attention	4	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>						
		3	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>						
		2	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>						
		1	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>						
		0	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>						
Week →									

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Name:	Relationships with:	Date:
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With regard to this relationship, mark the circle on the chart that describes your experience.

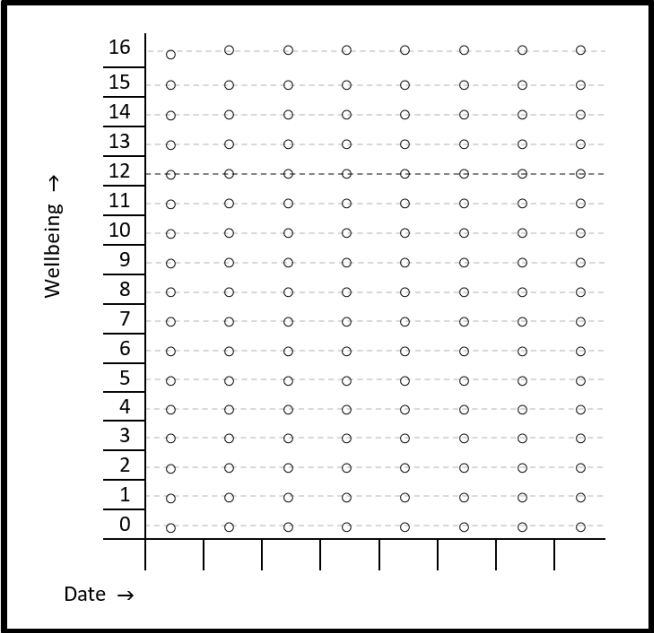
Total score

I feel accepted.	
Never, or almost never (0)	4   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Rarely (1)	3   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Sometimes (2)	2   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Often (3)	1   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Always, or almost always (4)	0   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
	1 2 3 4 5 6 7 8

I feel accepted.	
Never, or almost never (0)	4   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Rarely (1)	3   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Sometimes (2)	2   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Often (3)	1   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Always, or almost always (4)	0   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
	1 2 3 4 5 6 7 8

I feel accepted.	
Never, or almost never (0)	4   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Rarely (1)	3   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Sometimes (2)	2   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Often (3)	1   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Always, or almost always (4)	0   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
	1 2 3 4 5 6 7 8

I feel accepted.	
Never, or almost never (0)	4   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Rarely (1)	3   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Sometimes (2)	2   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Often (3)	1   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Always, or almost always (4)	0   ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
	1 2 3 4 5 6 7 8



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Name:

Start Date:

Think back over the last week and mark the circle on the chart that best describes your experience.

How have things been in close relationships?																																																												
Not so good	OK	Good	Great	Wonderful																																																								
0	1	2	3	4																																																								
					<table><tr><td>4</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td>3</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td>2</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td>1</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td>0</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td colspan="2"></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr></table>	4	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								3	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								2	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								1	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								0	○ ○ ○ ○ ○ ○ ○ ○ ○ ○										1	2	3	4	5	6	7	8
4	○ ○ ○ ○ ○ ○ ○ ○ ○ ○																																																											
3	○ ○ ○ ○ ○ ○ ○ ○ ○ ○																																																											
2	○ ○ ○ ○ ○ ○ ○ ○ ○ ○																																																											
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		1	2	3	4	5	6	7	8																																																			

How have things been socially? (e.g. at work/school/college, at social events, shopping, volunteering in your community, and in groups/clubs you attend.)																																																												
Not so good	OK	Good	Great	Wonderful																																																								
0	1	2	3	4																																																								
					<table><tr><td>4</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td>3</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td>2</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td>1</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td>0</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td colspan="2"></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr></table>	4	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								3	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								2	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								1	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								0	○ ○ ○ ○ ○ ○ ○ ○ ○ ○										1	2	3	4	5	6	7	8
4	○ ○ ○ ○ ○ ○ ○ ○ ○ ○																																																											
3	○ ○ ○ ○ ○ ○ ○ ○ ○ ○																																																											
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		1	2	3	4	5	6	7	8																																																			

How were your emotions and feelings?																																																												
Not so good	OK	Good	Great	Wonderful																																																								
0	1	2	3	4																																																								
					<table><tr><td>4</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td>3</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td>2</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td>1</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td>0</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr><tr><td colspan="2"></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr></table>	4	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								3	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								2	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								1	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								0	○ ○ ○ ○ ○ ○ ○ ○ ○ ○										1	2	3	4	5	6	7	8
4	○ ○ ○ ○ ○ ○ ○ ○ ○ ○																																																											
3	○ ○ ○ ○ ○ ○ ○ ○ ○ ○																																																											
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		1	2	3	4	5	6	7	8																																																			

Life is wonderful	12	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								
	11	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								
	10	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								
	Wellbeing	9	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
		8	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
		7	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
	Make some plans to take small steps to improve your score.	6	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
		5	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
		4	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
		3	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
		2	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
	1	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								
0	○ ○ ○ ○ ○ ○ ○ ○ ○ ○									
		1	2	3	4	5	6	7	8	
Week →										

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Name:

Start Date:

Think back over the day and mark the circle on the chart that best describes your experience.

How have things been in close relationships?					
Not so good	OK	Good	Great	Wonderful	
0	1	2	3	4	
					<div><div>4</div><div>3</div><div>2</div><div>1</div><div>0</div></div> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>

How have things been socially? (e.g. at work/school/college, at social events, shopping, volunteering in your community, and in groups/clubs you attend.)					
Not so good	OK	Good	Great	Wonderful	
0	1	2	3	4	
					<div><div>4</div><div>3</div><div>2</div><div>1</div><div>0</div></div> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>

How were your emotions and feelings?					
Not so good	OK	Good	Great	Wonderful	
0	1	2	3	4	
					<div><div>4</div><div>3</div><div>2</div><div>1</div><div>0</div></div> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div></div>

Life is wonderful	12												
	11												
	10												
	Wellbeing	9											
		8											
		7											
	Make some plans to take small steps to improve your score.	6											
		5											
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		0											
Week →													



Name:

Start Date:

Think back over the day and mark the circle on the chart that best describes your experience.

How well did you do at enjoying life (in a healthy way)?																																																											
Not so good	OK	Good	Great	Exceptional	<table border="1"> <tr><td>4</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>3</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>2</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>1</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>0</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr> <td></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>	4	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								3	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								2	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								1	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								0	○ ○ ○ ○ ○ ○ ○ ○ ○ ○									1	2	3	4	5	6	7	8
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How well did you do at managing stress in a healthy way?																																																											
Not so good	OK	Good	Great	Exceptional	<table border="1"> <tr><td>4</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>3</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>2</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>1</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>0</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr> <td></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>	4	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								3	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								2	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								1	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								0	○ ○ ○ ○ ○ ○ ○ ○ ○ ○									1	2	3	4	5	6	7	8
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How well did you do at being psychically active and exercising?																																																											
Not so good	OK	Good	Great	Exceptional	<table border="1"> <tr><td>4</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>3</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>2</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>1</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>0</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr> <td></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>	4	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								3	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								2	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								1	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								0	○ ○ ○ ○ ○ ○ ○ ○ ○ ○									1	2	3	4	5	6	7	8
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How well did you do at eating well?																																																											
Not so good	OK	Good	Great	Exceptional	<table border="1"> <tr><td>4</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>3</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>2</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>1</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr><td>0</td><td colspan="8">○ ○ ○ ○ ○ ○ ○ ○ ○ ○</td></tr> <tr> <td></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>	4	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								3	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								2	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								1	○ ○ ○ ○ ○ ○ ○ ○ ○ ○								0	○ ○ ○ ○ ○ ○ ○ ○ ○ ○									1	2	3	4	5	6	7	8
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Wellbeing →	Exceptional	16	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
		15	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
		14	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
	Great	13	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
		12	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
		11	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
	Good	10	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
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	OK	7	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
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	Not so good	4	○ ○ ○ ○ ○ ○ ○ ○ ○ ○							
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This chart is not designed to diagnose your wellbeing; rather, it's here to spur you on to new heights!

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# How are you?

## Family



## School



## Feelings



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# How are you?

## Friends



## School



## Feelings



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Potentially distressed.

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*If you have a physical or mental health concern or condition, consult your doctor, GP, or appropriately qualified healthcare professional before making significant changes to your diet, lifestyle, or exercise routines.*

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