**Attachment B: Daily Emotional Wellness Checklist**

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| **Daily Emotional Wellness Checklist**  Job Corps cares. We want to make sure you are doing well on center. | | | | | |
| Name: | | | Today’s Date: | | |
| Student ID: | | | Time: | | |
| *Please check one box for each row. How was your:* | | | | | |
| 1. Sleep last night? | Great | Good | | Fair | Poor |
| 1. Appetite during the past day? | Great | Good | | Fair | Poor |
| 1. Mood during the past day? | Great | Good | | Fair | Poor |
| 1. Sense of support during the past day? | Great | Good | | Fair | Poor |
| Overall, how are you doing? | Great | Good | | Fair | Poor |
| I would like to talk to someone from the Health and Wellness Center.  I am choosing not to complete this checklist. | | | | | |