



Erika's Lighthouse®

Student Workbook: Level II Classroom Program - Lesson 4

Student Mental Health Assessment

Instructions

Take a few minutes to answer the questions below. After, your teacher will share with you the point value and you will add up the total for each category.

Important: This is a tool to help you understand the areas of your health that you may want to pay closer attention to. This is not a tool to diagnose health problems.

Sleep

- | | | |
|--|------|------------|
| 1. On average, I get 8 or more hours of sleep per night. | True | False |
| 2. I have trouble falling asleep or staying asleep more days than not. | True | False |
| 3. Most days, I wake up feeling rested and energized. | True | False |
| | | TOTAL_____ |

Exercise

- | | | |
|---|------|------------|
| 4. I engage in at least 2 ½ hours each week of physical activity. | True | False |
| 5. I spend more than 2 hours a day watching TV, playing video games or looking at my phone. | True | False |
| 6. I walk or ride a bike most places. | True | False |
| | | TOTAL_____ |

Nutrition

- | | | |
|--|------|------------|
| 7. I eat a fruit or vegetable at nearly every meal. | True | False |
| 8. I eat fried food, fast food, or food packed in bags/boxes more days than not. | True | False |
| 9. I eat three meals a day most days. | True | False |
| | | TOTAL_____ |

Coping Skills

- | | | |
|---|------|------------|
| 10. When I am stressed, I know what I can do to manage it. | True | False |
| 11. When I have a problem, I usually ignore it and hope it goes away. | True | False |
| 12. If I had a problem too big to manage on my own, I have an adult in my life who I can go to. | True | False |
| | | TOTAL_____ |

Student Mental Health Activity Checklist

Choose an activity from this list that you would be interested in trying out in your daily routine. Consider choosing an activity from the same category as your highest score from your Mental Health Assessment.

<p>Sleep</p> <ul style="list-style-type: none"> <input type="checkbox"/> Go to bed with relaxing music (download the app Calm). <input type="checkbox"/> Take a hot shower or bath before bed. <input type="checkbox"/> Read a relaxing book or magazine before bed instead of watching TV, playing video games, or looking at your phone. <input type="checkbox"/> Have a cup of caffeine-free herbal tea instead of a sugary drink before bed. <input type="checkbox"/> Schedule between 8-10 hours of sleep per night (download the app sleepbot). <input type="checkbox"/> Keep your bed a "Sleep only" zone. Complete homework, watch TV, play video games, in other areas of the house. <input type="checkbox"/> Other 	<p>Exercise</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wake up 15 min early and engage in a series of stretches or yoga poses (download the app iYoga). <input type="checkbox"/> If you live close enough, begin walking, jogging, or biking to and from school each day (download the app Map My Run). <input type="checkbox"/> During your favorite TV show, do jumping jacks or jump rope during commercial breaks. <input type="checkbox"/> While waiting for dinner, shoot baskets, kick a soccer ball, or play catch with someone. <input type="checkbox"/> Put on music or a TV music program and dance for 15 minutes. <input type="checkbox"/> Build in a 5-10 minute break for every hour of homework/study time and do a series of push-ups, crunches, or squats. <input type="checkbox"/> Other
<p>Coping</p> <ul style="list-style-type: none"> <input type="checkbox"/> Write down one thing you are grateful for each day. <input type="checkbox"/> Engage in a mindfulness exercise (download the app Smiling Mind). <input type="checkbox"/> Spend time with a positive & enjoyable person. <input type="checkbox"/> Start using a day planner (download the app Evernote). <input type="checkbox"/> Do something kind for someone who needs it. Help a grandparent with a chore, give a genuine compliment to someone having a bad day, etc. <input type="checkbox"/> Do what you love - journal, listen to music, jog, read, draw, watch a movie, cook, or bake, etc. <input type="checkbox"/> Other 	<p>Nutrition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drink water instead of sugary drinks (download the app Waterlogged). <input type="checkbox"/> Journal everything you eat in a day (download the app fooducate). <input type="checkbox"/> Have fresh snacks instead of snacks in bags or boxes. <input type="checkbox"/> Eat breakfast in the morning. <input type="checkbox"/> Try to limit my fried foods. <input type="checkbox"/> Eat at least one fruit or vegetable at every meal <input type="checkbox"/> Other

Mental Health Journal

Instructions

Choose a Mental Health Partner. Each day in class, you'll spend a few minutes with your Mental Health Partner and report on your activity experience. After, initial each other's journal entry.

Day 1- Sample

Day 1	Date October 1	Activity Taking a bath before bed
Mental Health Partner's Initials:	Why did you choose this activity? I have trouble falling asleep so I'm really tired in the morning and want to sleep in. As a result, I have less time to get ready for school.	How and when did you implement this activity into your daily routine? After my homework was done and after dinner, I took a bath before bed.
EL	How did you feel before and after the activity? Before the bath, I felt wound up and stressed from my homework. After taking the bath, I felt relaxed and ready for bed.	What about this activity was helpful or unhelpful? It was helpful in taking my mind off of school work and put me in a relaxed state before bed. I could then fall asleep easier and had more time in the morning to get ready for school.

Wrap up Question - Sample Answer

What changes did you notice after completing the seven day mental health challenge? I noticed that with the more sleep I had each night, the more energy I had during the day at school. The energy helped me to focus in class, take good notes and have an easier time with my homework that evening. Taking the hot bath not only helped my sleep, but also improved my energy during the day and allowed me to be more effective in school.

Day 1 Date _____ Activity _____

Why did you choose this activity?

Mental
Health

Partner's
Initials:

How and when did you implement this activity into your daily routine?

How did you feel before and after the activity?

What about this activity was helpful or unhelpful?

Day 2 Date _____ Activity _____

Why did you choose this activity?

Mental
Health

Partner's
Initials:

How and when did you implement this activity into your daily routine?

How did you feel before and after the activity?

What about this activity was helpful or unhelpful?

Day 3 Date _____ Activity _____

Why did you choose this activity?

Mental
Health

Partner's
Initials:

How and when did you implement this activity into your daily routine?

How did you feel before and after the activity?

What about this activity was helpful or unhelpful?

Day 4 Date _____ Activity _____

Why did you choose this activity?

Mental
Health

Partner's
Initials:

How and when did you implement this activity into your daily routine?

How did you feel before and after the activity?

What about this activity was helpful or unhelpful?

Day 5 Date _____ Activity _____

Mental
Health
Partner's
Initials:

Why did you choose this activity?

How and when did you implement this activity into your daily routine?

How did you feel before and after the activity?

What about this activity was helpful or unhelpful?

Day 6 Date _____ Activity _____

Mental
Health
Partner's
Initials:

Why did you choose this activity?

How and when did you implement this activity into your daily routine?

How did you feel before and after the activity?

What about this activity was helpful or unhelpful?

Day 7	Date _____	Activity _____
Mental Health Partner's Initials: _____ _____	Why did you choose this activity?	

	How and when did you implement this activity into your daily routine?	

How did you feel before and after the activity?		

What about this activity was helpful or unhelpful?		

Wrap-up Question

What changes did you notice after completing the seven day mental health challenge?

Remember, if anything shared today prompted a feeling that you need to talk to someone, make sure to go to a trusted adult, talk to your counselor, or visit the social worker's office here at school.

You can also call or text 988 to speak or text with someone at the Suicide & Crisis Lifeline if you are ever concerned about yourself or a friend.