

HEALTH MATTERS UK

Whole-Person Wellbeing Check-In

A calm, practical starting point for understanding what feels supported, what feels difficult, and what may deserve your attention next.

**THIS IS YOUR
SPACE**

There are no perfect answers and no pass or fail. Complete this check-in based on how life feels for you today - not how you think it should look.

Name (optional)

Date completed

EDUCATE • EMPOWER • SUPPORT

www.healthmattersuk.co.uk

How to use your check-in

Work through each area at your own pace. Tick the statements that feel true, circle a number from 0 to 10, and add any notes that matter to you. A lower number is not a judgement - it simply shows where more understanding or support may be useful.

1	NOTICE Describe what life feels like now, without blaming yourself.
2	RATE Use the 0-10 scale as a snapshot, not a diagnosis.
3	CHOOSE Select one priority rather than trying to change everything.
4	ACT Choose one small step that feels realistic for your circumstances.

Before you begin

This resource supports personal reflection and preparation for conversations. It does not assess, diagnose or treat any medical or mental health condition, and it is not a substitute for advice from a suitably qualified healthcare professional.

If you have persistent, worsening, severe or unexplained symptoms, or you are worried about your health, contact an appropriate healthcare professional. In an emergency, call 999. For urgent medical help in England when it is not a 999 emergency, use NHS 111.

What would make completing this useful for me today?

Your everyday foundations

Think about the last two weeks, while allowing for unusual circumstances, illness, caring responsibilities or major life events.

1. Sleep and rest

Consider sleep quality, rest, recovery and whether you wake feeling restored.

- ☐ Sleep feels refreshing ☐ I have a workable routine ☐ I make space for rest

How supported does this area feel today? Circle one.

LOW	0	1	2	3	4	5	6	7	8	9	10	STRONG
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What is affecting this area most?

2. Energy and pacing

Consider how your energy changes through the day and whether your commitments fit your available capacity.

- ☐ Energy feels steady ☐ I notice my limits ☐ I recover after activity

How supported does this area feel today? Circle one.

LOW	0	1	2	3	4	5	6	7	8	9	10	STRONG
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What is affecting this area most?

3. Nutrition and hydration

Consider regular nourishment, variety, hydration and whether eating feels manageable rather than perfect.

- ☐ I eat regularly ☐ Food feels manageable ☐ I drink enough for my needs

How supported does this area feel today? Circle one.

LOW	0	1	2	3	4	5	6	7	8	9	10	STRONG
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What is affecting this area most?

4. Movement and physical comfort

Consider movement that is appropriate for your body, ability, health and circumstances, along with pain, stiffness or physical comfort.

- ☐ Movement feels accessible ☐ I adapt to my needs ☐ I feel physically supported

How supported does this area feel today? Circle one.

LOW	0	1	2	3	4	5	6	7	8	9	10	STRONG
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What is affecting this area most?

Your emotional and social wellbeing

5. Stress and emotional wellbeing

Consider your current stress load, mood, ability to unwind and access to emotional support.

- ☐ Stress feels manageable ☐ I can pause and reset ☐ I know where to seek support

How supported does this area feel today? Circle one.

LOW	0	1	2	3	4	5	6	7	8	9	10	STRONG
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What is affecting this area most?

6. Connection and support

Consider whether you feel heard, valued and able to ask for practical or emotional support.

- ☐ I feel connected ☐ I can ask for help ☐ My relationships support me

How supported does this area feel today? Circle one.

LOW	0	1	2	3	4	5	6	7	8	9	10	STRONG
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What is affecting this area most?

7. Enjoyment, meaning and purpose

Consider whether your week includes moments of enjoyment, creativity, learning, faith, contribution or purpose.

- ☐ I make room for enjoyment ☐ I have something to look forward to ☐ My days feel meaningful

How supported does this area feel today? Circle one.

LOW	0	1	2	3	4	5	6	7	8	9	10	STRONG
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What is affecting this area most?

8. Routines and environment

Consider whether your surroundings, schedule, finances, caring roles and daily routines support or drain your wellbeing.

- ☐ My routine feels workable ☐ My space supports me ☐ My demands feel manageable

How supported does this area feel today? Circle one.

LOW	0	1	2	3	4	5	6	7	8	9	10	STRONG
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What is affecting this area most?

Your health context

Wellbeing does not exist separately from health conditions, medication, life changes or access to care. Use this page to record context you may want to discuss with an appropriate professional.

Symptoms or changes I have noticed

☐ New☐ Persistent☐ Worsening☐ Affecting daily life

Medicines, supplements or treatments I currently use

Include prescribed medicines, over-the-counter products and supplements. Do not stop or change prescribed treatment without advice from an appropriate healthcare professional.

Appointments, tests or professional advice I am waiting for

Questions I would like to ask

Choose one realistic priority

Look back over your ratings. You do not have to choose the lowest score. Choose the area where a small, realistic change or the right support could matter most now.

The area I want to focus on is

This matters to me because

One small step I can take

What could make this step difficult?

What support, adjustment or reminder could help?

When will I review how this feels?

**You do not have to
figure everything out
alone.**

Book a free 10-minute support call with Health Matters UK to talk through what you noticed and explore an appropriate next step.

calendly.com/healthmattersuk/free-10-minute-support-call

Reliable places to learn more

This check-in was informed by broad NHS wellbeing guidance. For general information, visit NHS pages on balanced eating, physical activity, sleep and mental wellbeing:
www.nhs.uk/live-well/ | www.nhs.uk/mental-health/

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