

Brain Health Scale

Choose the description that best reflects your experience over the past few weeks and write your score in the box.

1 = Needs attention - an area to prioritise

2 = Doing well - an area to strengthen

3 = Thriving - an area to maintain

MOTOR ELEMENT

YOUR SCORE

Move

How well do you move, coordinate and maintain your balance?

Consider coordination, balance, mobility and confidence in movement.

COGNITIVE ELEMENT

Think

How well do you concentrate, remember information and think clearly?

Consider attention, memory and mental clarity.

MENTAL HEALTH ELEMENT

Habits

How consistently do your daily habits support your brain health?

Consider physical activity, nutrition, mental stimulation and lifestyle behaviours.

Sleep

How well do you sleep and feel rested and recovered?

Consider sleep quality, stress and emotional wellbeing.

Connection

How connected and supported do you feel by the people around you?

Consider social interaction and feelings of belonging.

Next Steps

Choose the lowest-scoring areas and head back to the elements page to explore ways to make possible improvements.