

## LEADER'S PERSONAL WELLNESS CHECK-IN

### Instructions:

Complete this confidential self-assessment to reflect on how stress may be affecting your leadership practice. Choose the statements that resonate with your recent experience (past 2–4 weeks). Use the results to guide personal wellness goals or group discussion.

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### I. Physical Well-being

Statement	Yes	Sometimes	No
I wake up feeling exhausted even after a full night's sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've noticed tension or pain in my neck, shoulders, or jaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I experience headaches or frequent stomach discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I catch colds or feel run down more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I clench my teeth, grind my jaw, or feel physically restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### II. Emotional Awareness

Statement	Yes	Sometimes	No
I feel easily irritated or emotionally distant from my team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I struggle to find joy or motivation in my day-to-day work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel anxious, overwhelmed, or mentally foggy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I experience mood swings or moments of unexplained sadness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel detached or "numb" emotionally, even with loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### III. Behavioral Checkpoints

Statement	Yes Sometimes No		
I procrastinate tasks or avoid team interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I skip meals, breaks, or work through exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rely on caffeine, sugar, or comfort foods to get through the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have difficulty focusing or completing tasks without distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fantasize about quitting or disengaging from leadership roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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#### Reflection Prompt:

“Where in my body, heart, or actions do I feel my leadership is costing me well-being? What small change can I commit to this week to restore balance?”

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