

WELLNESS BINGO IN THE PAST MONTH

NAME: _____ GRADE: _____

WHAT I DID THAT FELT SILLY	WHAT I ENJOYED CREATING	WHAT I GOT TO DO WHEN I FELT BORED	WHAT I DID TO STAY ORGANIZED	WHAT I DID WHEN I FELT FRUSTRATED
AN ACTIVITY THAT I WAS MOST EXCITED ABOUT	AN ACTIVITY THAT MADE ME FEEL PROUD	AN ACTIVITY THAT I COULD TAKE OR LEAVE	AN ACTIVITY I FELT CONFIDENT HELPING WITH	AN ACTIVITY THAT HELPED ME FEEL CALM
WHO I LAUGHED THE MOST WITH	WHO I SHARED AN INTEREST WITH	WHO I FELT MOST LIKE MYSELF AROUND	WHO I TALKED TO WHEN I FELT STRESSED	WHO HELPED ME WHEN I FELT OVERWHELMED
WHERE I HAD FUN	WHERE I FELT GRATITUDE	WHERE I ENJOYED LEARNING	WHERE I FELT SUPPORTED	WHERE I FELT UNDERSTOOD
HOW I GOT ENOUGH SLEEP	HOW I STAYED HYDRATED	HOW I MADE TIME FOR MYSELF	HOW I STOOD UP FOR MYSELF	HOW I STOOD UP FOR ANOTHER