MOB n=me form

Tracking your weekly progress in key areas of your life

*Required

1. **What is the email address you use for MOB?** *
   (we only need this to match your answers from different weeks, so that you can see your progress over the month)

   .....

2. **Sleep** *
   How is the quality of your sleep?
   Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Terrible	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Brilliant

3. **How are your energy levels?** *
   For example, how are you feeling when you wake up?
   Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Terrible	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Brilliant

4. **Productivity** *
   Are you getting done what you want and need to do (work, personal, family, fitness, etc.)?
   Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Terrible	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Brilliant

5. **Positive moods/emotions** *
   Are you feeling happiness, joy, relaxed, energised, calm?
   Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Terrible	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Brilliant

6. **Negative moods/emotions** *
   Are you feeling stress, anxiety, low mood, depression?
   Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Terrible	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Brilliant

7. **Coping** *
   Are you coping constructively with difficult people and situations?
   Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Terrible	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Brilliant

8. **Food and eating** *
   Are you feeling in control of your food choices?
   Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Terrible	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Brilliant

9. **Money and spending** *
   Are you feeling in control of money and what you spend?
   Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Terrible	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Brilliant

10. **Relationships** *
    How are your relationships with other people (family, partner, friends, colleagues)?
    Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Terrible	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Brilliant

11. **Confidence** *
    Are you feeling confident about completing your MOB?
    Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Terrible	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	Brilliant

12. **On how many days did you drink alcohol in the last 7 days?**
(This question is optional but it would be really useful to see the progress!)
Mark only one oval.

0	1	2	3	4	5	6	7
◯	◯	◯	◯	◯	◯	◯	◯

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