

Mental Health Bingo

Name: _____

Date: _____

<input type="checkbox"/> Take a walk	<input type="checkbox"/> Do some deep breathing	<input type="checkbox"/> Listen to something uplifting	<input type="checkbox"/> Write down at least five things you are grateful for	<input type="checkbox"/> Enjoy a meal without your phone
<input type="checkbox"/> Revisit your old hobbies	<input type="checkbox"/> Learn a new hobby	<input type="checkbox"/> Talk to a friend or family member	<input type="checkbox"/> Enjoy some sunshine	<input type="checkbox"/> Fix something you've been putting off
<input type="checkbox"/> Smile in the mirror	<input type="checkbox"/> Turn off your phone before bed	<input type="checkbox"/> Read a book	<input type="checkbox"/> Write down anxious/upsetting thoughts	<input type="checkbox"/> Watch an inspirational movie
<input type="checkbox"/> Create a morning/evening ritual	<input type="checkbox"/> Declutter your home or inbox	<input type="checkbox"/> Repeat a mantra that will motivate you	<input type="checkbox"/> Dance or move to your favorite song	<input type="checkbox"/> Compliment yourself
<input type="checkbox"/> Eat a piece of fruit or vegetable	<input type="checkbox"/> Volunteer your time or perform a random act of kindness	<input type="checkbox"/> Work on a goal	<input type="checkbox"/> Take a break from social media	<input type="checkbox"/> Get a good night's sleep

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