Wellness Journal

Name: _____ Date: _____ dd / mm / yyyy

Let's Make Wellness Fun!

Nutrition Rating (10-highest;1-lowest)

1 2 3 4 5 6 7 8 9 10

What did I eat today?

Physical Activity Rating (10-highest;1-lowest)

1 2 3 4 5 6 7 8 9 10

How did I move my body?

Sleep Duration Rating (10-highest;1-lowest)

1 2 3 4 5 6 7 8 9 10

How well did I sleep last night?

Hydration Rating (10-highest;1-lowest)

1 2 3 4 5 6 7 8 9 10

How much water did I drink today?

Mood and Groove Rating (10-highest;1-lowest)

1 2 3 4 5 6 7 8 9 10

How am I feeling today?

What are my thoughts on my current state of health and wellbeing?

What are my goals for my wellness journey?

What steps have I taken towards these goals?

Stress Level Rating (10-highest;1-lowest)

1 2 3 4 5 6 7 8 9 10

Stay Inspired!

What am I thankful for today?

A Quote to Keep Me Going

Reflection Notes