Wellness Journal

Name:	Date:

Let's Make Wellness Fun!

Aspect	Rating (10-highest; 1-lowest)	Reflection Questions
Nutrition		What did I eat today?
Physical Activity		How did I move my body?
Sleep Duration		How well did I sleep last night?
Hydration		How much water did I drink today?
Mood and Groove		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		
Stay Inspired!		
Attitude of Gratitude	What am I thankful for today?	
A Quote to Keep Me Going		
Reflection Notes		