

Wellness Worksheets

Name: _____

Age: _____

Date: _____

Section 1: Self-Reflection

Questions	Rating (1-10)
1. How would you describe your overall mood today?	
2. Rate your stress level on a scale of 1-10.	
3. Are there specific sources of stress in your life right now?	
4. What activities make you feel most relaxed and at peace?	
5. How well did you sleep last night?	

Section 2: Goal Setting

Goals (Short-Term and Long-Term)	Achievable Steps

Section 3: Emotional Well-being

Emotions Experienced Today	Coping Strategies Used

Section 4: Gratitude Journal

Three Things I'm Grateful For Today	Why I'm Grateful

Section 5: Daily Habits and Activities Tracker

Time of Day	Activity/Task	Duration (min)	Feelings/Comments