

Daily Wellness Tracker

Date: _____

Water Intake (6–8 glasses):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Movement (10–20 minutes): Yes No

Balanced Meals:

- 1 Breakfast
- 2 Lunch
- 3 Dinner
- 4 Healthy Snacks

Rest / Relaxation: Yes No

Mood Today: Happy Okay Tired

Notes:

Weekly Progress Tracker

Habit	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Water Intake	■	■	■	■	■	■	■
Movement	■	■	■	■	■	■	■
Balanced Meals	■	■	■	■	■	■	■
Rest	■	■	■	■	■	■	■
Positive Mindset	■	■	■	■	■	■	■

Simple Weekly Meal Planner

Day	Breakfast	Lunch	Dinner	Snack
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Movement & Exercise Tracker

Day	Activity	Duration
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Self-Care & Mindset Journal

Today I feel:

One thing I am proud of:

One small win today:

Something I did for myself:

Affirmation of the day:
