

Daily Wellness Monitoring Checklist

Date:

Basic Information

Name

Sleep Duration (hrs)

Water Intake (glasses)

Physical Activity (mins)

Daily Wellness Checklist

| Task | Completed |
|------------------------|--------------------------|
| Healthy Breakfast | <input type="checkbox"/> |
| 10+ min Movement | <input type="checkbox"/> |
| Hydration Goal Met | <input type="checkbox"/> |
| Screen Breaks | <input type="checkbox"/> |
| Personal Hygiene | <input type="checkbox"/> |
| Relaxation/Mindfulness | <input type="checkbox"/> |

Mood & Notes

Mood Rating (1-5)

Notes / Reflections