

Personalized Wellness Check Sheet

Date

Name

Age

Physical Wellness

Sleep Quality

- Good
- Average
- Poor

Exercise Today

- Yes
- No

Water Intake (cups)

Notes

Mental & Emotional Wellness

Stress Level

- Low
- Medium
- High

Mood

- ☺
- ☻
- ☹

Notes

Nutrition

Today's Meals Overview

Personal Goals

Short-term Goal

Action Steps