

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