

# Wellness Self-Monitoring Checklist

Date:

## Check Your Wellness

Area	Yes	No	Notes
Physical: Did I get enough sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Physical: Did I eat regular, balanced meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Physical: Did I exercise or move today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mental: Did I take time to relax or meditate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mental: Did I challenge my mind or learn something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emotional: Did I check in with my feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social: Did I connect with someone today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Spiritual: Did I do something meaningful for me?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Additional Notes or Reflections

Write here...