

# DAILY WELLNESS CHECK

## Emotional Check

How did I feel today and why?

---

---

---

---

## Mental Check

What thoughts are occupying my mind and are they positive, negative, or neutral?

---

---

Am I feeling overwhelmed or stressed?

---

## Self-Care Check

What did I do for myself today that I enjoyed or found relaxing?

---

---

## Gratitude Check

What am I grateful for today?

---

---

What's a positive thing that happened today?

---

## Physical Check

Yes No

Did I do any exercises?

 

Did I get any sunlight?

 

Did I eat enough?

 

Did I drink enough water?

 

Did I get enough sleep?

 

## Reflection Check

What went well today?

---

---

---

What challenges did I face and how did I handle them?

---

---

---

What did I learn from today's experiences?

---

---

---

## Future Check

Is there something I'm looking forward to?

---

---

