Daily Wellness Tracker

Strong Systems. Sustainable People.

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DATE: _____ Day ___ / Month ___ / Year _____

HYDRATION

Track each 8 oz glass of water

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Goal: 8 glasses / 64 oz per day

MOVEMENT

Select your activity level today

- ☐ 10 min — Light activity
- ☐ 20 min — Moderate activity
- ☐ 30+ min — High activity

SLEEP

Total hours of sleep last night

Hours: _____

Quality: ☐ Poor ☐ Fair ☐ Good

NUTRITION

Check all that apply today

- ☐ Protein with every meal
- ☐ Fruits & vegetables
- ☐ Mindful choices

STRESS LEVEL

Circle your stress level (1 = calm, 5 = overwhelmed)

1 Calm — 2 — 3 Mid — 4 — 5 High

MOOD

How are you feeling today?

:) Happy — :| Neutral — :/ Stressed — :(Low

TODAY'S INTENTION

One word or phrase to anchor your day

_____

_____

_____

MOVEMENT NOTES

What type of activity did you do?

_____

_____

_____

TODAY'S WIN

No matter how small — write it down. Progress is progress.

_____

_____

_____

NOTES & REFLECTIONS

How did today go? What would you do differently tomorrow?

_____

_____

_____

_____