

30-Day
*W*ELLNESS

★
PLANNER
★



Daily Wellness Planner – 30-Day Version

Section	Description / Space to Fill
Date	<div></div>
Sleep Tracker	<div><div><input type="checkbox"/> 6 hrs</div><div><input type="checkbox"/> 7 hrs</div><div><input type="checkbox"/> 8 hrs</div><div><input type="checkbox"/> 9+ hrs</div><div>Notes:</div></div> <div></div>
Morning Mood	<div><div><div> Happy</div><div> Neutral</div><div> Low</div></div><div>Why?</div></div> <div></div>
Water Intake	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>Glasses (Mark each one)</div></div>
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Movement/Exercise	<div><div><div><input type="checkbox"/> Yoga</div><div><input type="checkbox"/> Walk</div><div><input type="checkbox"/> Strength</div><div><input type="checkbox"/> Cardio</div><div><input type="checkbox"/> Rest</div></div><div>Notes:</div></div> <div></div>
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☐ 6 hrs ☐ 7 hrs ☐ 8 hrs ☐ 9+ hrs — Notes:

Morning Mood

😊 Happy 😐 Neutral 😞 Low — Why?

Water Intake

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Meal Plan

- Breakfast: _____ - Lunch:

_____ - Dinner:

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Movement/Exercise

☐ Yoga ☐ Walk ☐ Strength ☐ Cardio ☐ Rest Notes: _____

Self-Care Time

☐ 5 min ☐ 15 min ☐ 30+ min — Activity:

Gratitude Note

Today I'm thankful for:

Top 3 Priorities

1. _____ 2. _____ 3.

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Wins today: _____ Improvements:

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Today I'm thankful for:

Top 3 Priorities

1. _____ 2. _____ 3.

Mood at Night

😊 Great 😐 Okay 😞 Tough — Summary:

Reflection

Wins today: _____ Improvements:

Daily Wellness Planner – 30-Day Version

Section	Description / Space to Fill
Date	<div></div>
Sleep Tracker	<div><div><input type="checkbox"/> 6 hrs</div><div><input type="checkbox"/> 7 hrs</div><div><input type="checkbox"/> 8 hrs</div><div><input type="checkbox"/> 9+ hrs</div><div>Notes:</div></div> <div></div>
Morning Mood	<div><div><div> Happy</div><div> Neutral</div><div> Low</div></div><div>Why?</div></div> <div></div>
Water Intake	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>Glasses (Mark each one)</div></div>
Meal Plan	<div><div><div>- Breakfast:</div><div></div></div><div><div>- Lunch:</div><div></div></div><div><div>- Dinner:</div><div></div></div><div><div>- Snacks:</div><div></div></div></div>
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Morning Mood

😊 Happy 😐 Neutral 😞 Low — Why?

Water Intake

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Meal Plan

- Breakfast: _____ - Lunch:

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Movement/Exercise

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