WEEKLY WELLNESS PLANNER

Name _____ Week of _____ Focus this week _____

Daily check	1	2	3	4	5	6	7
Slept 7+ hours							
Lights out on time							
Water (glasses)							
Moved 20+ minutes							
Stretch or mobility							
Fruit or veg at 2 meals							
Time outside							
Screens off before bed							
Medication or vitamins							
One self-care moment							
Connected with someone							
Gratitude (one line)							
Mood (1 to 5)							
Energy (1 to 5)							

Tick what happened, write numbers for mood and energy. Aim for most days, not every day.

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