

Wellness Tracker Bundle

Check in. Level up. Feel good.

WHAT'S INSIDE

- 01 Mental Health Check-In
- 02 Fitness Log
- 03 Nutrition Planner
- 04 Sleep Tracker
- 05 Self-Care Checklist
- 06 Sticker Sheet

INCLUDES

GoodNotes / Notability

Printable PDF

Canva Template

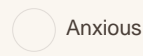
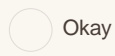
Mental Health Check-In

Week of: _____ Name: _____

DAILY MOOD TRACKER

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Wk 1	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Wk 2	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Wk 3	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Wk 4	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>

MOOD LEGEND



WEEKLY REFLECTION

What went well this week?

What drained my energy?

One thing I'm grateful for:

This week I need more:

Fitness Log

Week of: _____

Goal: _____

WEEKLY WORKOUT TRACKER

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Cardio / Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Yoga / Stretch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HIIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walk / Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swimming / Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sport / Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rest Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

WORKOUT DETAILS

Date	Workout Type	Duration	Dist/Reps	Intensity	Notes

Nutrition Planner

Week of: _____ Water goal: _____

Mon	Tue	Wed	Thu	Fri	Sat	Sun
& Bre	& Bre	& Bre	& Bre	& Bre	& Bre	& Bre
+P Lun	+P Lun	+P Lun	+P Lun	+P Lun	+P Lun	+P Lun
&> Din	&> Din	&> Din	&> Din	&> Din	&> Din	&> Din
D<=N Sna	D<=N Sna	D<=N Sna	D<=N Sna	D<=N Sna	D<=N Sna	D<=N Sna

NUTRITION NOTES & GOALS

Sleep Tracker

Month: _____

Sleep goal: _____

MONTHLY SLEEP LOG

Date	Bed	Wake	Hours	Quality (1-5)	Notes
1				<input type="text"/>	
2				<input type="text"/>	
3				<input type="text"/>	
4				<input type="text"/>	
5				<input type="text"/>	
6				<input type="text"/>	
7				<input type="text"/>	
8				<input type="text"/>	
9				<input type="text"/>	
10				<input type="text"/>	
11				<input type="text"/>	
12				<input type="text"/>	
13				<input type="text"/>	
14				<input type="text"/>	
15				<input type="text"/>	
16				<input type="text"/>	
17				<input type="text"/>	
18				<input type="text"/>	
19				<input type="text"/>	
20				<input type="text"/>	
21				<input type="text"/>	
22				<input type="text"/>	
23				<input type="text"/>	
24				<input type="text"/>	
25				<input type="text"/>	
26				<input type="text"/>	
27				<input type="text"/>	
28				<input type="text"/>	
29				<input type="text"/>	
30				<input type="text"/>	
31				<input type="text"/>	

Avg: _____ hrs Best: _____ hrs Worst: _____ hrs

Self-Care Checklist

"You can't pour from an empty cup."

Physical Self-Care

- Moved body for 20+ min
- Drank 8 glasses of water
- Ate a nutritious meal
- Got outside / fresh air
- Took vitamins / medication
- Slept 7-8 hours

Mental & Emotional

- Journalled or reflected
- Said something kind to myself
- Set a boundary today
- Limited doom-scrolling
- Did something creative
- Reached out to someone

Mindfulness

- 10 min of stillness
- Practiced deep breathing
- Phone away for 1+ hour
- Expressed gratitude (3 things)
- Spent time in nature
- Read for pleasure

WEEKLY HABIT STREAK

Habit	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep 7h+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No screens 1h before bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gratitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>