



Wellness Journal

Day# _____

Date: _____

Upon waking up I feel:



Happy Sad Neutral Excited Angry

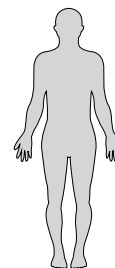
I am _____

After bodyscan I noticed:

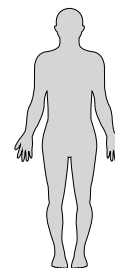
tension

No issue

PAIN_WHERE?



Front



Back

Gratitudes: I am grateful for...

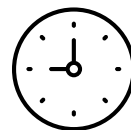
1)

2)

3)

Woke up at _____ am

Went to bed at _____ pm



Movement: I moved in what way today? _____

I felt how afterwards?

H₂O intake today?



Food intake today?

Today's victories or challenges:

