Wellness Worksheet

Name:	Age:		
Gender:	Date:		
Self-reflection			
Reflect on your current state and rate how you feel on a scale of 1 to 5.			
Questions	Rating (1 = Lowest, 5 = Highest)		
How would you rate your overall mood today?			
How stressed do you feel right now?			
How overwhelmed do you feel right now?			
How relaxed do you feel today?			
How well did you sleep last night?			
How would you rate your overall mood today?			
Goal-setting			
Define your wellness goals and break them down into achievable actions.			
Short-term goals	Actionable steps		
Long-term goals	Actionable steps		

Emotional well-being					
Record your emotions today and note any coping strategies you used.					
Emotions expe	erienced today	Coping strategi	es used (if any)		
Gratitude journal					
List things you're thankful for and explain why they matter to you.					
Things I am	grateful for:	I am grateful because:			
Daily habits and activity	ty tracker				
Track your activities, the time spent, and any comments or observations.					
Time	Activity	Duration	Comments		