

DAILY WELLNESS INVENTORY

Date: _____ Mood Score (1-10): _____

HABIT / FOCUS AREA

AM

PM

SELF-REFLECTION NOTES

Mindful Movement / Stretch

Hydration (8+ Glasses)

Digital Detox (1 Hour)

Nutritional Balance

Social Connection

Quiet Reflection / Prayer

GRATITUDE & AFFIRMATIONS

TOMORROW'S PRIMARY INTENTION