









Wellness Tracker

WEEK OF _____

	Water	Vitamins	Exercise	Sleep
 Sun		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Activity: _____ Amount of time: _____	How many hours? Feel rested? Y N
Mon		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Activity: _____ Amount of time: _____	How many hours? Feel rested? Y N
Tue		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Activity: _____ Amount of time: _____	How many hours? Feel rested? Y N
Wed		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Activity: _____ Amount of time: _____	How many hours? Feel rested? Y N
Thu		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Activity: _____ Amount of time: _____	How many hours? Feel rested? Y N
Fri		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Activity: _____ Amount of time: _____	How many hours? Feel rested? Y N
Sat		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Activity: _____ Amount of time: _____	How many hours? Feel rested? Y N