

DAILY

Wellness Planner

☆

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Date: _____



Today's intentions ☆

1

2

3



Self-care

1

2

3



Exercise

What I plan to do today: _____



Duration: _____

How I feel after: _____



Meals



Breakfast



Lunch



Dinner



Snack

Water intake



Aim for 8 glasses! ✨



Sleep

Wake-up time: _____

Hours slept: _____



Gratitude ☆



Reflection

End of day reflections

What supported me today?

What can support me tomorrow?