

WELLNESS PLAN

DATE: / /

NAME

MOST IMPORTANT GOAL(S)

MOOD TRACKER 😊 😐 ☹️ 🏠

WELLNESS CHECKLIST	
NUTRITION/ HYDRATION	
SLEEP	
PHYSICAL ACTIVITY	
SELF-CARE	
OTHER	

MY STRENGTHS

- _____
- _____
- _____
- _____
- _____

MY TRIGGERS

MY LIMITATIONS

- _____
- _____
- _____
- _____
- _____

MY COPING SKILLS

MY SUPPORTS
