Your daily well-being checklist

Date: ______ Today's weight: ______

SLEEP

What time did you sleep last night?

What time did you wake up?

How many times did you get up during the night?

Did you nap today?

How long was your nap?

Total hours of sleep?

FOOD

What did you eat today: Breakfast

Morning snack

Lunch

Evening snack

Dinner

Did you get in 2-3 servings of protein 2-3 servings of vegetables 2-3 servings of fruit 5-7 servings of carbohydrates (bread, cereal, rice, etc.) 7-8 glasses of water

Did you take your vitamins today?

PHYSICAL ACTIVITY

Did you exercise today and for how many minutes? Did you do aerobic (cardio) exercise? Did you do resistance training (weights etc.)? Did you do stretching exercises? Did you take the stairs today?

Did you spend anytime walking today? Did you do any other physical activity, and for how many minutes?

HAPPINESS

Did you wake up looking forward to your day? Did you have a happiness goal for today? Did you talk to at least one friend? Did you do at least one activity you enjoy? Did you spend 10 minutes in quiet time or meditation? Did you try adding happiness to mundane tasks? Have you made a happiness goal for tomorrow? Is there anything that made you happy/unhappy today?