

## 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

\_\_\_\_\_

