

WEEKLY WELLNESS JOURNAL NAME: _____ DATE: From _____ To _____

	How do you feel.....	NOTES on what & how you Eat, Think, Move, Breathe and Sleep
Mon	Upon waking in the morning: Before going to sleep:	Think: Move: Breathe: Eat/Drink: Sleep:
Tues	Upon waking in the morning: Before going to sleep:	Think: Move: Breathe: Eat/Drink: Sleep:
Wed	Upon waking in the morning: Before going to sleep:	Think: Move: Breathe: Eat/Drink: Sleep:
Thurs	Upon waking in the morning: Before going to sleep:	Think: Move: Breathe: Eat/Drink: Sleep:
Fri	Upon waking in the morning: Before going to sleep:	Think: Move: Breathe: Eat/Drink: Sleep:
Sat	Upon waking in the morning: Before going to sleep:	Think: Move: Breathe: Eat/Drink: Sleep:
Sun	Upon waking in the morning: Before going to sleep:	Think: Move: Breathe: Eat/Drink: Sleep:

THIS WEEK I WILL COMMIT TO: 1. _____

2. _____

3. _____

MY VALUES: 1. _____

2. _____

3. _____

MY PURPOSE IS: _____