

WELLNESS LOG

NAME: _____

DATE: _____

GOAL(S) FOR THIS WEEK:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Healthy Food Choices: <input type="checkbox"/> YES <input type="checkbox"/> NO	Healthy Food Choices: <input type="checkbox"/> YES <input type="checkbox"/> NO	Healthy Food Choices: <input type="checkbox"/> YES <input type="checkbox"/> NO	Healthy Food Choices: <input type="checkbox"/> YES <input type="checkbox"/> NO	Healthy Food Choices: <input type="checkbox"/> YES <input type="checkbox"/> NO	Healthy Food Choices: <input type="checkbox"/> YES <input type="checkbox"/> NO	Healthy Food Choices: <input type="checkbox"/> YES <input type="checkbox"/> NO
Activity Done:						

Challenges I Faced: