

A close-up photograph of a person's hands writing in a notebook. The person is wearing a light-colored, ribbed sweater. The right hand holds a white pen, and the left hand rests on the notebook. The background is a plain, light-colored wall. A semi-transparent white box is overlaid on the upper part of the image, containing the title and a motivational quote.

# Daily Wellness Tracker

STAY MOTIVATED, BUILD  
MOMENTUM & SEE YOUR  
PROGRESS.

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# HABIT TRACKING

## *How it works*

Keeping track of your habits is one of the BEST ways to improve your health and life.

Habit tracking helps you **gain clarity, stay motivated,** and **build momentum** to move closer towards your goals.

### How to Use Your Tracker

It's simple. **Each day, take a moment to jot down your daily food, water, and self-care activities.**

You can do this at the end of the day, or fill it in as you go. For example, right after you crush your workout, jot down your daily exercise while you're still sweaty.

### Tracking Do's & Don'ts

#### DO

- **Print it out:** If this tracker stays on your computer, there's a good chance you won't use it. So take a moment to print it out.
- **Put it in sight:** Post your tracker somewhere you'll see it everyday. The fridge or next to your desk are good options.

#### DON'T

- **Focus on perfection.** If you want to transform your health, you need to be consistent. But you *don't* need to be perfect! If you stumble, that's okay! Just dust yourself off and get right back on track. Progress wins over perfection every time.
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# DAILY WELLNESS

*Tracker*

TODAY IS \_\_\_\_\_

DAILY INTENTION	
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MEALS	
BREAKFAST	_____
	_____
	_____
LUNCH	_____
	_____
	_____
DINNER	_____
	_____
	_____
SNACKS	_____
	_____
	_____

WORKOUT
_____

WATER

ONE DROP = 8 OZ

STEPS	
GOAL	ACTUAL

SLEEP

ONE zzz = ONE HOUR
SLEEP QUALITY:

SELF-CARE CHECKLIST
<input type="checkbox"/> MEDITATION
<input type="checkbox"/> MINDFULNESS
<input type="checkbox"/> BREATHWORK
<input type="checkbox"/> _____
<input type="checkbox"/> _____

I'M GRATEFUL FOR
1.
2.
3.

TO DO'S
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____

NOTES
_____

WEEKLY STATS			
WEIGHT	WAIST:	HIPS:	THIGHS:
	MEASUREMENTS		

