Weekly wellness routine and check-in

Plan sleep, movement, meals, connection and rest across the week, then check in at the end.

NAME _____ DATE _____

TICK EACH DAY

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Sleep 7+ hours	☐	☐	☐	☐	☐	☐	☐
Moved my body	☐	☐	☐	☐	☐	☐	☐
Ate regular meals	☐	☐	☐	☐	☐	☐	☐
Talked to someone	☐	☐	☐	☐	☐	☐	☐
Time outside	☐	☐	☐	☐	☐	☐	☐
Rest or fun	☐	☐	☐	☐	☐	☐	☐
Screen-free hour	☐	☐	☐	☐	☐	☐	☐

What helped this week?

What drained me?

One thing to change next week: