DAILY WELLNESS CHART

TO	DA	r'S	DA	TE:

Use this chart to track your daily steps toward wellness.

Because each person has different needs, always talk to your physician before starting any type of exercise or making changes in your diet.

Medications:			Today's goals:		
Name	Daily dose prescribed	# Dose taken (✓)			
Example: Lithium	2	√√	-		
			Reflections from tod	av:	
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			-		
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			_		
			_		
Exercise/Activities:					
-		he park	Duration: 30 minut	tes Time of day: 11:00 am	
Type of exercise: Example - walked around the park Type of exercise: Duration				•	
, ·			Duration:	•	
Type of activity: Exam	ple - finished building	bird houses	Duration: 1 hour	Time of day: 3:00 pm	
			Duration:	•	
			Duration:	•	
Nutrition/Diet:					
Time: 9 am	Type of food: bage	l, milk, banana	Fo	od Category: <i>G, D, F</i>	
	Type of food:				
Time:	Type of food:		Fo	Food Category:	
Time:	Type of food:			od Category:	
USDA Recommendatio	ns: (G)rains, (V)egetab	les, (F)ruits, (D)a	ry, (P)rotein. Visit www.choosem	yplate.gov for details.	
Sleep:					
Wake up time:	Wake up time: Bedtime:		Actual hours of sleep	(estimate):	
Any additional hours during the day that you slept			and what part(s) of the day: morning,		
afternoon, evening? _					
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