LifeWise
THERAPY

Daily Mental Wellness Check-In

Date: _____

Rate Today's Wellness (1–10): _____

How am I feeling emotionally?

_____

What thoughts are taking up most of my attention today?

_____

How is my stress level today? (1–10) _____

Did I complete the following?

- ■ Slept adequately
- ■ Ate healthy meals
- ■ Exercised or moved my body
- ■ Connected with someone supportive
- ■ Practiced self-care
- ■ Spent time in prayer/reflection

What am I grateful for today?

_____

What is one thing I can do today to support my well-being?

_____