

Wellness Tracker

This resource is provided to you as an educational resource. It is not intended as, nor is a replacement for, medical advice and treatment from your doctor.

Wellness Goal:

You can use this *Wellness Tracker* to help you see if things are getting better, staying the same, or getting worse. You can use this as often as you would like, for example, every day or once a week. Keep your pages in 1 place so you can review them on your own, or with others, to see how things are changing.

Journal For Day/Week:

Date:

Check any words that describe your experiences during this time:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Frightened | <input type="checkbox"/> Positive |
| <input type="checkbox"/> Active | <input type="checkbox"/> Happy/Content | <input type="checkbox"/> Proud |
| <input type="checkbox"/> Alcohol/Substance use | <input type="checkbox"/> Hopeless/Worthless/Guilty | <input type="checkbox"/> Sad/Crying a lot |
| <input type="checkbox"/> Anxious/Worried/
Not able to relax | <input type="checkbox"/> Interested/Involved in life | <input type="checkbox"/> Sleeping too much or too little |
| <input type="checkbox"/> Bored | <input type="checkbox"/> Irritable and upset a lot | <input type="checkbox"/> Stress: home, job, friends, legal |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Joyful/Pleased | <input type="checkbox"/> Thinking clearly |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Jumping out of my skin feeling | <input type="checkbox"/> Thoughts of death or suicide |
| <input type="checkbox"/> Confused/Fuzzy headed | <input type="checkbox"/> Lazy/No energy | <input type="checkbox"/> Trouble concentrating |
| <input type="checkbox"/> Difficult to concentrate
or make decisions | <input type="checkbox"/> Lonely | <input type="checkbox"/> Unsure what is real or unreal |
| <input type="checkbox"/> Difficulties with sex | <input type="checkbox"/> Negative/Don't care/Pessimistic | <input type="checkbox"/> Wanted to be alone |
| <input type="checkbox"/> Disappointed | <input type="checkbox"/> On top of things | <input type="checkbox"/> Voices bothering me |
| | <input type="checkbox"/> Overeating | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Overwhelmed | |

What was positive or helped progress toward my goal during this time?

What was difficult or challenging during this time?

What's most important to me right now:
