

SLEEP, MEALS AND MOVEMENT TRACKER

For Emotional Wellbeing

Adapt to your needs and circumstances. Notice patterns with curiosity, not judgment.

Week beginning: _____

0-10 intensity: 0 = none, 10 = strongest

DAY	REST Sleep + rest quality	REGULAR MEALS Meal routine	MOVEMENT What felt manageable?	CONNECTION Contact or support	EMOTIONAL PATTERNS Feelings + context
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

REFLECTION

What helped, or what might I adjust next time?