Daily wellbeing log

Date: _____

Day #: _____

SLEEP

Bedtime: _____ Wake time: _____ Hours' sleep: _____

My sleep last night was: _____ ☐ Dreams remembered

ENERGY

	awful	low	ok	good	great
Morning:	○	○	○	○	○
Afternoon:	○	○	○	○	○
Evening:	○	○	○	○	○

MEALS & DIGESTION

Meal times: _____

Bowel movements (frequency / ease): _____

Digestion (bloating, gas, discomfort): _____

_____

INTENTIONS

Today I intend: _____

_____

HYDRATION

Cups of water + sea salt: ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Total water: _____ L

DETOX SUPPORT PRACTICES

Morning

☐ Lymphatic massage & activation
☐ Breathing / meditation (10 min)
☐ Movement (10 min) _____
☐ Morning supplements
☐ Coffee enema
☐ Cold shower

Afternoon

☐ Fresh air / green space
☐ Breathing / meditation (10 min)
☐ Movement _____
☐ Lunchtime supplements

Evening

☐ Dry skin brushing
☐ Epsom salt bath / sauna
☐ Castor oil pack
☐ Journalling / meditation
☐ Evening supplements
☐ Screens off from: _____

MOODS & EMOTIONS

Mental clarity: _____

Notes: _____

Overall mood: _____

Notes: _____

CRAVINGS & COPING

Cravings experienced: sugar · caffeine · chocolate · bread · other: _____

How I responded: _____

Mindset technique I used, if any: _____

What will I do better next time a craving shows up? _____

REFLECTION

What went well? _____

What was challenging? _____

What am I grateful for? _____

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