



WELLNESS TRACKER

Week of: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> Vitamins	<input type="checkbox"/> Vitamins	<input type="checkbox"/> Vitamins	<input type="checkbox"/> Vitamins	<input type="checkbox"/> Vitamins	<input type="checkbox"/> Vitamins	<input type="checkbox"/> Vitamins
Water 	Water 	Water 	Water 	Water 	Water 	Water
<div>B</div> <div>L</div> <div>D</div>	<div>B</div> <div>L</div> <div>D</div>	<div>B</div> <div>L</div> <div>D</div>	<div>B</div> <div>L</div> <div>D</div>	<div>B</div> <div>L</div> <div>D</div>	<div>B</div> <div>L</div> <div>D</div>	<div>B</div> <div>L</div> <div>D</div>
Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise
Sleep <input type="checkbox"/> hours	Sleep <input type="checkbox"/> hours	Sleep <input type="checkbox"/> hours	Sleep <input type="checkbox"/> hours	Sleep <input type="checkbox"/> hours	Sleep <input type="checkbox"/> hours	Sleep <input type="checkbox"/> hours
Me-time	Me-time	Me-time	Me-time	Me-time	Me-time	Me-time

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