

# Keeping a Wellness Journal

Our lives are so busy that we often find it difficult to recognize the patterns or behaviors that are sabotaging our health. We may have gradually reduced our amount of sleep because of a change in our work schedule or family life. Stress may have caused us to skip breakfast or drink more soft drinks and less water each day. Perhaps a family member or friend has moved, and we find ourselves missing an important source of emotional support or fun in our lives. All these are

examples of situations that cause our health—and life—to slip out of balance. Unfortunately, we may be too preoccupied to notice the problem!

The solution is to keep a wellness journal, says Kate Larsen, Minneapolis lifestyle coach and author of the *LifeWalk Journal*<sup>TM</sup>. Maintaining a daily record is an excellent way to plan and monitor your lifestyle choices. It can help you recognize and change unhealthy habits you may not even notice otherwise.

Copy this daily wellness form (you can also customize your own or purchase a journal designed for this purpose), and put the copies by your computer or on your nightstand—wherever you will be sure to notice them. Fill out a form every day for two weeks and then take stock of the results. What behavior patterns emerge? Continue keeping your journal for as long as you find it helpful, and keep in mind, you can also use it to plan your choices in advance.

MY WELLNESS JOURNAL		DATE	
How many glasses of water did I drink today?		How many hours of sleep did I get last night?	
What situations caused me the most stress today?			
Did that stress create any unhealthy behaviors?	Yes      No	Describe:	
What relaxation/stress management methods did I use today?			Time spent:
Did I do any stretching exercises today?	Yes      No		Time spent:
Did I do any other physical activities today?	Yes      No	Describe:	
Did I get 2-4 servings of fruit today?	Yes      No		
Did I get 3-5 servings of vegetables?	Yes      No		
Did I get 2-3 servings of milk, yogurt and cheese?	Yes      No		
Did I get 2-3 servings of meat, poultry, eggs, fish, dry beans and nuts?	Yes      No		
Did I get 6-11 servings of bread, cereal, rice and pasta?	Yes      No		
Did I skip any meals today?	Yes      No	Why:	
Did I overeat today?	Yes      No	Why:	
Did I face any healthy eating challenges today?	Yes      No	Describe:	
Did I get the emotional support I needed today?	Yes      No	Describe:	
Did I take time to meet my spiritual needs today?	Yes      No	Describe:	
Overall, how healthy did I feel today?	Excellent      Good      Fair      Poor		
Something I enjoyed today was:		Something I wish I'd done differently today is:	

