

Date: _____

Rate your health on a scale of 1 (very unhealthy) to 10 (very healthy) in the four RPMS categories: Relational, Physical, Mental and Spiritual. If your number is higher today than yesterday, circle or color in the “up” arrow. If it was lower, the down arrow, or if it was the same, the equal sign. Average the numbers for an overall wellness rating.

R	P	M	S	<i>Average</i>
_____	_____	_____	_____	<input type="text"/>
↑ = ↓	↑ = ↓	↑ = ↓	↑ = ↓	

Compared to a day/week/month ago, which category did I improve the most in, and what made that happen?

What can I do today to improve in the category I scored lowest in?

Three things I'm grateful for:

Goal for today:
