

# Seniors' Daily Wellness Checklist



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This checklist can be easily printed out and used to track daily, weekly, and monthly activities and health-related tasks.

## Personal Information

- ☐ Name: \_\_\_\_\_
- ☐ Date: \_\_\_\_\_
- ☐ Emergency Contact: \_\_\_\_\_
- ☐ Doctor's Name & Contact: \_\_\_\_\_

## Morning Routine

- ☐ Wake-Up Time: \_\_\_\_\_
- ☐ Medications:
  - ☐ Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_
  - ☐ Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_
  - ☐ Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_
- ☐ Breakfast:
  - ☐ Planned Meal: \_\_\_\_\_
  - ☐ Water Intake: \_\_\_\_\_ glasses
- ☐ Morning Exercise/Stretch:
  - ☐ Type: \_\_\_\_\_
  - ☐ Duration: \_\_\_\_\_ minutes

☐ **Mindfulness/Meditation:**

☐ Activity: \_\_\_\_\_

☐ Duration: \_\_\_\_\_ minutes

**Midday Check-In**

☐ **Lunch:**

☐ Planned Meal: \_\_\_\_\_

☐ Water Intake: \_\_\_\_\_ glasses

☐ **Social Connection:**

☐ Who to Call/Visit: \_\_\_\_\_

☐ Time: \_\_\_\_\_

☐ **Mental Stimulation:**

☐ Activity: (Reading, Puzzles, etc.) \_\_\_\_\_

☐ Duration: \_\_\_\_\_ minutes

☐ **Physical Activity:**

☐ Type: \_\_\_\_\_

☐ Duration: \_\_\_\_\_ minutes

**Evening Routine**

☐ **Dinner:**

☐ Planned Meal: \_\_\_\_\_

☐ Water Intake: \_\_\_\_\_ glasses

☐ **Evening Medication:**

☐ Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

☐ Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

☐ Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

☐ **Relaxation Time:**

☐ Activity: (TV, Music, etc.) \_\_\_\_\_

☐ Duration: \_\_\_\_\_ minutes

☐ **Gratitude Reflection:**

☐ What I'm Grateful For Today: \_\_\_\_\_

## Weekly Planner

☐ **Appointments/Check-Ups:**

☐ Date/Time: \_\_\_\_\_

☐ Location: \_\_\_\_\_

☐ **Grocery Shopping List:**

☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

☐ **Exercise Goals:**

☐ Weekly Goal: \_\_\_\_\_

☐ Progress: \_\_\_\_\_

☐ **Social Engagements:**

☐ Event/Meeting: \_\_\_\_\_

☐ Date/Time: \_\_\_\_\_

## Monthly Planner

### ☐ Health Monitoring:

☐ Weight: \_\_\_\_\_ lbs

☐ Blood Pressure: \_\_\_\_\_ mmHg

☐ Blood Sugar: \_\_\_\_\_ mg/dL

### ☐ Refill Medications:

☐ Medication: \_\_\_\_\_ ☐ Refill Date: \_\_\_\_\_

☐ Medication: \_\_\_\_\_ ☐ Refill Date: \_\_\_\_\_

☐ Medication: \_\_\_\_\_ ☐ Refill Date: \_\_\_\_\_

☐ Medication: \_\_\_\_\_ ☐ Refill Date: \_\_\_\_\_

### ☐ Health Goals:

☐ Goal: \_\_\_\_\_

☐ Progress: \_\_\_\_\_

### ☐ Personal Reflection:

☐ What Went Well This Month: \_\_\_\_\_

☐ Areas to Improve: \_\_\_\_\_

## Important Notes

☐ Doctor's Advice: \_\_\_\_\_

☐ Upcoming Events: \_\_\_\_\_

☐ Miscellaneous: \_\_\_\_\_

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