

DATE: \_\_\_\_\_

M  T  W  T  F  S  S

## BREAKFAST



TIME \_\_\_\_\_ : \_\_\_\_\_  AM  PM

FOOD: \_\_\_\_\_

BEVERAGE: \_\_\_\_\_

## LUNCH



TIME \_\_\_\_\_ : \_\_\_\_\_  AM  PM

FOOD: \_\_\_\_\_

BEVERAGE: \_\_\_\_\_

## DINNER



TIME \_\_\_\_\_ : \_\_\_\_\_  AM  PM

FOOD: \_\_\_\_\_

BEVERAGE: \_\_\_\_\_

## SNACKS



TIME \_\_\_\_\_ : \_\_\_\_\_  AM  PM

FOOD: \_\_\_\_\_

FOOD: \_\_\_\_\_

## WATER



## EXERCISE

How I Felt Before:



Type: \_\_\_\_\_



How I Felt After:



How Long: \_\_\_\_\_

## STRESS RELIEF

Yoga  Meditation  Deep Breathing  Reading  Mindfulness  Quiet Time  Other: \_\_\_\_\_

THE BEST PART OF MY DAY:

MY BIGGEST SUCCESS TODAY:

WHAT I WILL IMPROVE ON TOMORROW: