

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:



How I Felt After:



Type: _____

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: