

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Energy Level
(circle yours)



What
exercises
did you do
today?

How are you
feeling?
(circle yours)



Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

I am noticing:

I am noticing:

I am noticing:

I am noticing:

I am noticing:

I am noticing:

I am noticing:

How many
hours of sleep
did you get?

_____ Hours

_____ Hours

_____ Hours

_____ Hours

_____ Hours

_____ Hours

_____ Hours

How hydrated
are you?
(fill in yours)



How well
did you
eat today?
(circle yours)

