Day/Date	**Weather**: Clear Cloudy Rain Snow **Temp:**
Hours of Sleep:	**General Health:** Sick OK Good
Foods eaten/Odd diet changes:	**Emotional Stability:** Rocky OK Good
Stresses:	Any changes in routine?
Comments/happenings	

PARENT:

Hours of Sleep:	
Did I eat well today?	YES NO
Did I exercise?	YES NO
Did I pray or meditate?	YES NO
Stresses Today:	
How did you take care of yourself today?	
How did I improve myself today?	