



Name:	Date:
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DAILY DECLARATION:

What am I focusing on today to improve my wellbeing?

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How is my energy level?	Did I spend time meditating?
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MEAL PLANNING:

Vegetable	Protein	Starch	Fat	Fruit	Dairy
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Within one hour of waking:	
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Breakfast and supplements:	
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How I felt and Time of Day for each meal

Breakfast:

Lunch:

Snacks:

Dinner

Night time Supplements:

Overall Score for My Day:

SELF-CARE SUPPORT:

How did I Sleep? Did you sleep straight thru the night or how many times did you wake up to urinate?

What exercise did I do?

How do I feel emotionally?

Goal: Drink 1/2 your body weight in ounces So, did I meet my water intake goal?	How many Bowel Movements did I have?
Action Items for tomorrow:	

