

DAY NUMBER

DATE

## MORNING

Within 15 minutes of waking:  lemon water  5 deep breaths

How did I sleep? Did I sleep straight through or how often did I wake up to urinate? \_\_\_\_\_

## DAILY DECLARATION

How is my energy level? How do I feel emotionally? \_\_\_\_\_

What am I going to do differently today to improve my wellbeing? (e.g., meditate, journal) \_\_\_\_\_

## MEALS

**What did I eat?**

**How did I feel? (5 min., 30 min., 2 hrs.)**

Breakfast: \_\_\_\_\_

Supplements    **Meal Type:**  Protein  Starch  Combined

Snack: \_\_\_\_\_

Lunch: \_\_\_\_\_

Supplements    **Meal Type:**  Protein  Starch  Combined

Snack: \_\_\_\_\_

Hydrate: \_\_\_\_\_

Dinner: \_\_\_\_\_

Supplements    **Meal Type:**  Protein  Starch  Combined

## SELF-CARE SUPPORT

What exercise did I do? How does my body feel? \_\_\_\_\_

Did I meet my water intake goal? \_\_\_\_\_      How many bowel movements did I have? \_\_\_\_\_

## TOMORROW

Action items for tomorrow: \_\_\_\_\_