

My Daily Healing Journal

Date: _____

My Nutrition:

Breakfast: _____

AM Snack: _____

Lunch: _____

PM Snack: _____

Dinner: _____

Late Snack: _____

Water:

Other Liquid:

Vitamins/Supplements: AM PM

My Fitness:

Today's Exercise: _____

Total Exercise Time: _____

My Rest:

Last Night I went to bed at: _____ I had trouble getting to sleep: YES NO

I was able to finally get myself to sleep by: _____

I woke up today at: _____ My sleep was interrupted _____ (#) times.

I had a total of _____ hours of sleep.

Today I took time to relax at least 10 minutes: YES NO Total time relaxed: _____

I relaxed by: _____

My Mood:

My Anxiety/Stress Level is 1 2 3 4 5 (circle one— 1 is the least & 5 is the highest)

My Depression Level is 1 2 3 4 5 (circle one— 1 is the least & 5 is the highest)

My Feelings and Struggles today were: _____

