

# My Daily Healing Journal



Date: \_\_\_\_\_

## My Nutrition:

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

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

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

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

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

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

Water:

Other Liquid:

Vitamins/Supplements: Morning  Noon  Evening

## 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: \_\_\_\_\_

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My Feelings and Struggles today were: \_\_\_\_\_

**Today I am grateful for:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Things that went right today:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What I worried about today:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My visions are:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**My other thoughts for today:** \_\_\_\_\_

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