

Date: _____

Daily Journaling Form

EXERCISE		Exercise 30 minutes each day for 30 days, aim for at least moderate intensity	
Type of Exercise		Duration	_____ minutes
Intensity	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High

MINDFULNESS		Practice mindfulness at least 10 minutes each day for 30 days
Today's Guided Meditation(s)		

SLEEP		Implement 4 or more of the 6 sleep hygiene practices each day for 30 days	
Implemented These Sleep Hygiene Practices	<input type="checkbox"/> No electronics 90 min before bed	<input type="checkbox"/> Sleep mask or blackout shades	<input type="checkbox"/> Regular bedtime
	<input type="checkbox"/> No napping	<input type="checkbox"/> Warm bath/shower prior to bed	<input type="checkbox"/> Avoid caffeine 10 hrs before bed

SOCIAL CONNECTEDNESS		Meet or call at least two friends or family members each day for 30 days		
Today's Social Contacts	Friends		Family	
	<input type="checkbox"/> Call	<input type="checkbox"/> In-person	<input type="checkbox"/> Call	<input type="checkbox"/> In-person

NUTRITION		Log your daily meals/snacks/beverages/ alcohol each day for 30 days	
Logged Meals/Snacks/Beverages/Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Strongly Recommended			
Implemented MIND Diet Principles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Practiced Mindful Meal Meditation	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner

TODAY'S PROGRESS	
My Barrier(s)	
My Solution(s)	