My Name (Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | TIP | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| 1. | Sleep Routine  |  |
| Wake-up Time |  |  |  |  |  |  |  |  |
| Sleep Time |  |  |  |  |  |  |  |  |
| 2.  | Stay connected  |  |
| Call friend / meet in open spaces |  |  |  |  |  |  |  |
| Call family/ meet in open spaces |  |  |  |  |  |  |  |
| 3.  | Hobby |  |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 4 | Worry window or Problem Solving time |  |
| Time:  |  |  |  |  |  |  |  |
| 5.  | Wellbeing Practices |  |
| 1- Spirituality (connection with a higher being) Meditation/Prayer/Mindfulness |  |  |  |  |  |  |  |
| 2- Exercise-  |  |  |  |  |  |  |  |
| 3- A gratitude journal |  |  |  |  |  |  |  |
| 6. | Charity (giving/ doing good to others without expecting in return) |  |  |  |  |  |  |  |
| 7. | Eat at least **one** portion of |  |
| 1-Fresh fruits |  |  |  |  |  |  |  |
| 2-Fresh veggies |  |  |  |  |  |  |  |
| 8.  | 1-Drink plenty of freshwater |  |  |  |  |  |  |  |
| 2-Avoid- Sodas and sugared juices, alcohol/ No score |  |  |  |  |  |  |  |
|  | DAILY SCORES |  |  |  |  |  |  |  |

Each box 1 score