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