get real

wellness program &
accountability group

Daily Tracker & Journal

Today's Date: _____

MEALS
What were your meals and snacks today?

- Breakfast: _____
  _____
  When? _____

- Lunch: _____
  _____
  When? _____

- Dinner: _____
  _____
  When? _____

- Snack(s): _____
  _____
  When? _____

MOVEMENT
How did you move your body?

- What type of movement? _____
  _____

- How long? _____

- What time? _____

- How did you feel? _____
  _____

SLEEP
How did you sleep last night?

- Sleep quality (circle one):
  EXCELLENT // AVERAGE // POOR

- Contributing factors? _____
  _____

- Asleep by: _____ PM

- Awake by: _____ AM

- Total hours asleep: _____

MOOD
What was your mood like? Consider: did you feel happy, sad, anxious, or irritable? Reflect on why this might be.
_____
_____
_____

NOTES
Jot down any additional notes to remember for later.
_____
_____
_____

Today's Date: _____

MEALS
What were your meals and snacks today?

- Breakfast: _____
  _____
  When? _____

- Lunch: _____
  _____
  When? _____

- Dinner: _____
  _____
  When? _____

- Snack(s): _____
  _____
  When? _____

MOVEMENT
How did you move your body?

- What type of movement? _____
  _____

- How long? _____

- What time? _____

- How did you feel? _____
  _____

SLEEP
How did you sleep last night?

- Sleep quality (circle one):
  EXCELLENT // AVERAGE // POOR

- Contributing factors? _____
  _____

- Asleep by: _____ PM

- Awake by: _____ AM

- Total hours asleep: _____

MOOD
What was your mood like? Consider: did you feel happy, sad, anxious, or irritable? Reflect on why this might be.
_____
_____
_____

NOTES
Jot down any additional notes to remember for later.
_____
_____
_____

Today's Date: _____

MEALS

What were your meals and snacks today?

- Breakfast: _____
  _____
  When? _____

- Lunch: _____
  _____
  When? _____

- Dinner: _____
  _____
  When? _____

- Snack(s): _____
  _____
  When? _____

MOVEMENT

How did you move your body?

- What type of movement? _____
  _____

- How long? _____

- What time? _____

- How did you feel? _____
  _____

SLEEP

How did you sleep last night?

- Sleep quality (circle one):
  EXCELLENT // AVERAGE // POOR

- Contributing factors? _____
  _____

- Asleep by: _____ PM

- Awake by: _____ AM

- Total hours asleep: _____

MOOD

What was your mood like? Consider: did you feel happy, sad, anxious, or irritable? Reflect on why this might be.

_____

_____

_____

NOTES

Jot down any additional notes to remember for later.

_____

_____

_____

Today's Date: _____

MEALS
What were your meals and snacks today?

- Breakfast: _____
  _____

  When? _____

- Lunch: _____
  _____

  When? _____

- Dinner: _____
  _____

  When? _____

- Snack(s): _____
  _____

  When? _____

MOVEMENT
How did you move your body?

- What type of movement? _____
  _____

- How long? _____

- What time? _____

- How did you feel? _____
  _____

SLEEP
How did you sleep last night?

- Sleep quality (circle one):

  EXCELLENT // AVERAGE // POOR

- Contributing factors? _____
  _____

- Asleep by: _____ PM

- Awake by: _____ AM

- Total hours asleep: _____

MOOD
What was your mood like? Consider: did you feel happy, sad, anxious, or irritable? Reflect on why this might be.

_____

_____

_____

NOTES
Jot down any additional notes to remember for later.

_____

_____

_____