

ASK YOURSELF

What Are Your Requirements for a Healthy, Happy, Balanced Life?

Develop your Weekly Personal Goals over time, as you observe your behaviours & recognize your needs. Everyone's goals will be different. Focus on one goal at a time. Add on a new goal when previous goal(s) have become easier or routine. This is a continuous work in progress. GO SLOW!

LIFE JOURNAL

Date: _____
Week: _____

Weekly Personal Goal(s):

- Family Play Time
- Sleep (5 hrs./night)
- Stop and breathe!
- 3x cardio (Arms/Abs/Thighs)
- Increase intensity/frequency
- Maximize H2O (10-15c/day)
- Say "Yes!" (Opportunities/Kids/Me/Life)
- Choose homemade/healthy meals
- Eat meals & snacks on time; Record!

-"SELFNESS" (e.g., Self-Compassion, "MOM" Workbook, Relationships, Support/Helping, RAKs, Baking, Cooking, iBlog/vLog, Reading, Writing/Journal, Karate/Tai Chi/Kata/Assist, Yoga, Meditation, Spirituality, SOCIAL/FUN -- DOING/BEING/ LIVING!!)

My focus every week is to achieve ALL of these goals!

These goals consist of passions/needs/key areas that help to attain personal fulfillment and maintain a BALANCED LIFE.

Not just a "Food Journal." This has become my **LIFE JOURNAL!**

	BREAKFAST	SNACK	LUNCH	SNACK	DINNER	OTHER	ACTIVITY
Day 1 Sunday						<input type="checkbox"/> Vitamin(s) <input type="checkbox"/> Meditation <input type="checkbox"/> Lights Out (2am) <input type="checkbox"/> Sleep H:0 /10	LBS
Day 2 Monday						<input type="checkbox"/> Vitamin(s) <input type="checkbox"/> Meditation <input type="checkbox"/> Lights Out (2am) <input type="checkbox"/> Sleep H:0 /10	LBS
Day 3 Tuesday						<input type="checkbox"/> Vitamin(s) <input type="checkbox"/> Meditation <input type="checkbox"/> Lights Out (2am) <input type="checkbox"/> Sleep H:0 /10	LBS
Day 4 Wednesday						<input type="checkbox"/> Vitamin(s) <input type="checkbox"/> Meditation <input type="checkbox"/> Lights Out (2am) <input type="checkbox"/> Sleep H:0 /10	LBS
Day 5 Thursday						<input type="checkbox"/> Vitamin(s) <input type="checkbox"/> Meditation <input type="checkbox"/> Lights Out (2am) <input type="checkbox"/> Sleep H:0 /10	LBS
Day 6 Friday						<input type="checkbox"/> Vitamin(s) <input type="checkbox"/> Meditation <input type="checkbox"/> Lights Out (2am) <input type="checkbox"/> Sleep H:0 /10	LBS
Day 7 Saturday						<input type="checkbox"/> Vitamin(s) <input type="checkbox"/> Meditation <input type="checkbox"/> Lights Out (2am) <input type="checkbox"/> Sleep H:0 /10	LBS

jot down important To-Do's. When tasks are left undone, carry them over to the next week.

Use this column to detail your daily activity or exercise. Keeping track allows you to see your progress & decide when you need to increase intensity or frequency, or try something new.

Record your weight at the same time of the day for consistency. Compare & record your weight and measurements once per week (e.g., every Saturday morning) to see your progress.

Notes: (... cont'd on back:)

Write about daily highlights or events in the week that were significant, as well as thoughts, feelings, reactions.

Use this space for daily reminders.

Rate your Mood for the day from 1-10
 1 = Extremely Low/Melancholy/Bleak/Depressed
 10 = Extremely Happy/Elated/Blissful/Euphoric
 *Refer to your Notes to make connections & learn the factors that affect your well-being. Determine the stressors in your life that may need closer attention.