

Day: _____

Date: _____

How did I sleep last night?

I went to sleep at _____ o'clock and I woke up at _____ o'clock

Meals and Pills	What did I eat and drink?	Pain 1-10	Foggy 1-10	Stress 1-10	Mood 1-10
Breakfast Time: <input type="checkbox"/> Pills					
Snack Time: <input type="checkbox"/> Pills					
Lunch Time: <input type="checkbox"/> Pills					
Snack Time: <input type="checkbox"/> Pills					
Dinner Time: <input type="checkbox"/> Pills					

Change in my meds/ supplements:

Exercise	Measurement
Ex: Shoulder Circles or walked/ ran/ swam	5x or 1 mile or 10 minutes

Day: _____

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I was able to work _____ hours today, I accomplished...

What helped me today in managing my pain?

What helped me today in managing my stress?

Today I am grateful for...

Today I was challenged by...

Tomorrow I will...

Memorable moment from today...
