

Daily Journal

Date: _____

Today I am Thankful For

1. _____
2. _____
3. _____

Highlights of the Day

1. _____
2. _____
3. _____

Emotions (Mood)

- | | | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Geeky | <input type="checkbox"/> Amused | <input type="checkbox"/> Loved |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Hopeful | <input type="checkbox"/> Hyper | <input type="checkbox"/> Exhausted | <input type="checkbox"/> Tired |
| <input type="checkbox"/> Scared | <input type="checkbox"/> Anxious | <input type="checkbox"/> Nervous | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Stressed |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Irritated | <input type="checkbox"/> Jealous | <input type="checkbox"/> Bitchy | <input type="checkbox"/> Pissed Off |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Heartbroke | <input type="checkbox"/> Mellow | <input type="checkbox"/> Lonely | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Annoyed | <input type="checkbox"/> Confused | <input type="checkbox"/> Impatient | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Grateful | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Unwanted | <input type="checkbox"/> Cynical |
| <input type="checkbox"/> Lethargic | <input type="checkbox"/> Sick | <input type="checkbox"/> Forgetful | <input type="checkbox"/> Cranky | <input type="checkbox"/> Content |

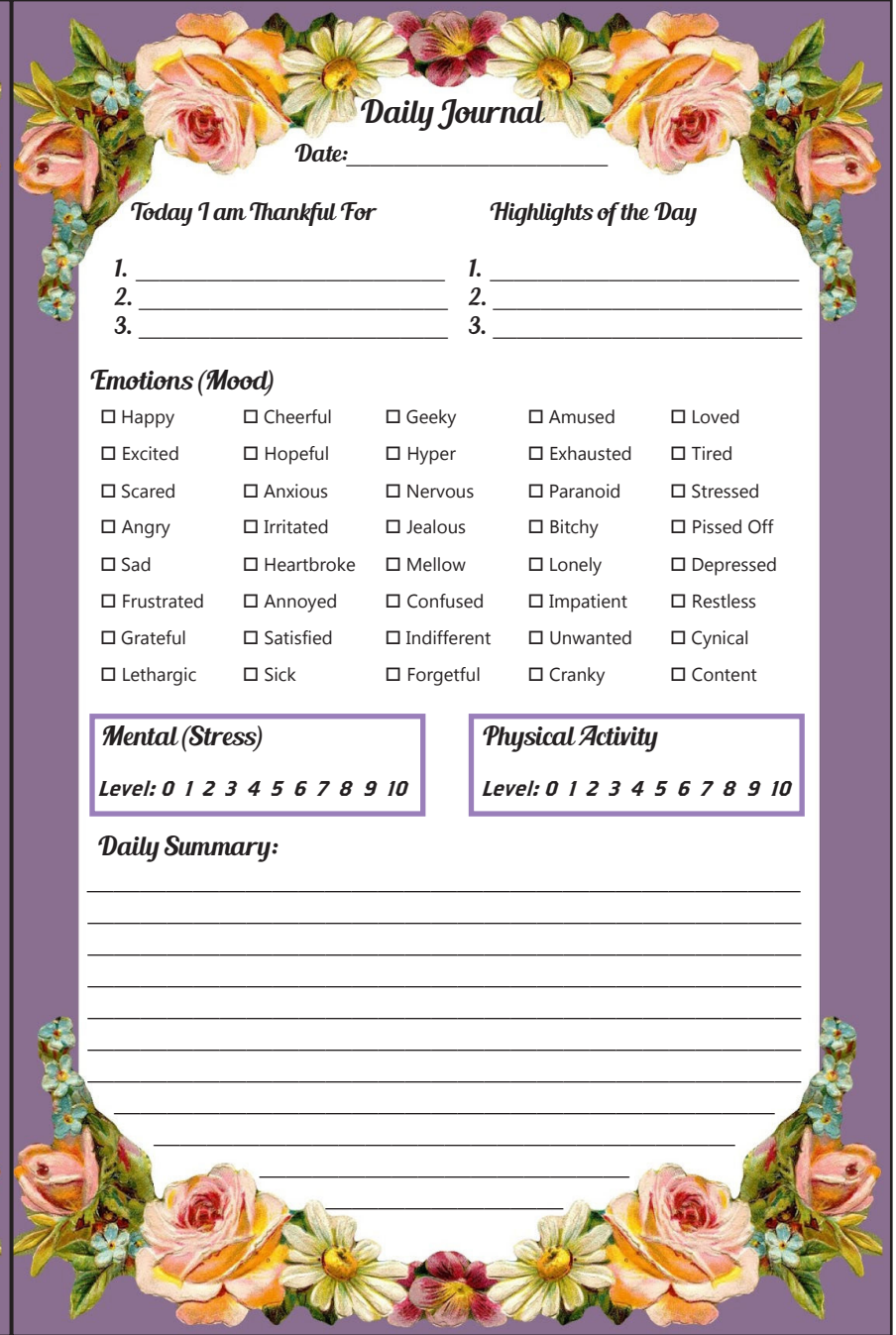
Mental (Stress)

Level: 0 1 2 3 4 5 6 7 8 9 10

Physical Activity

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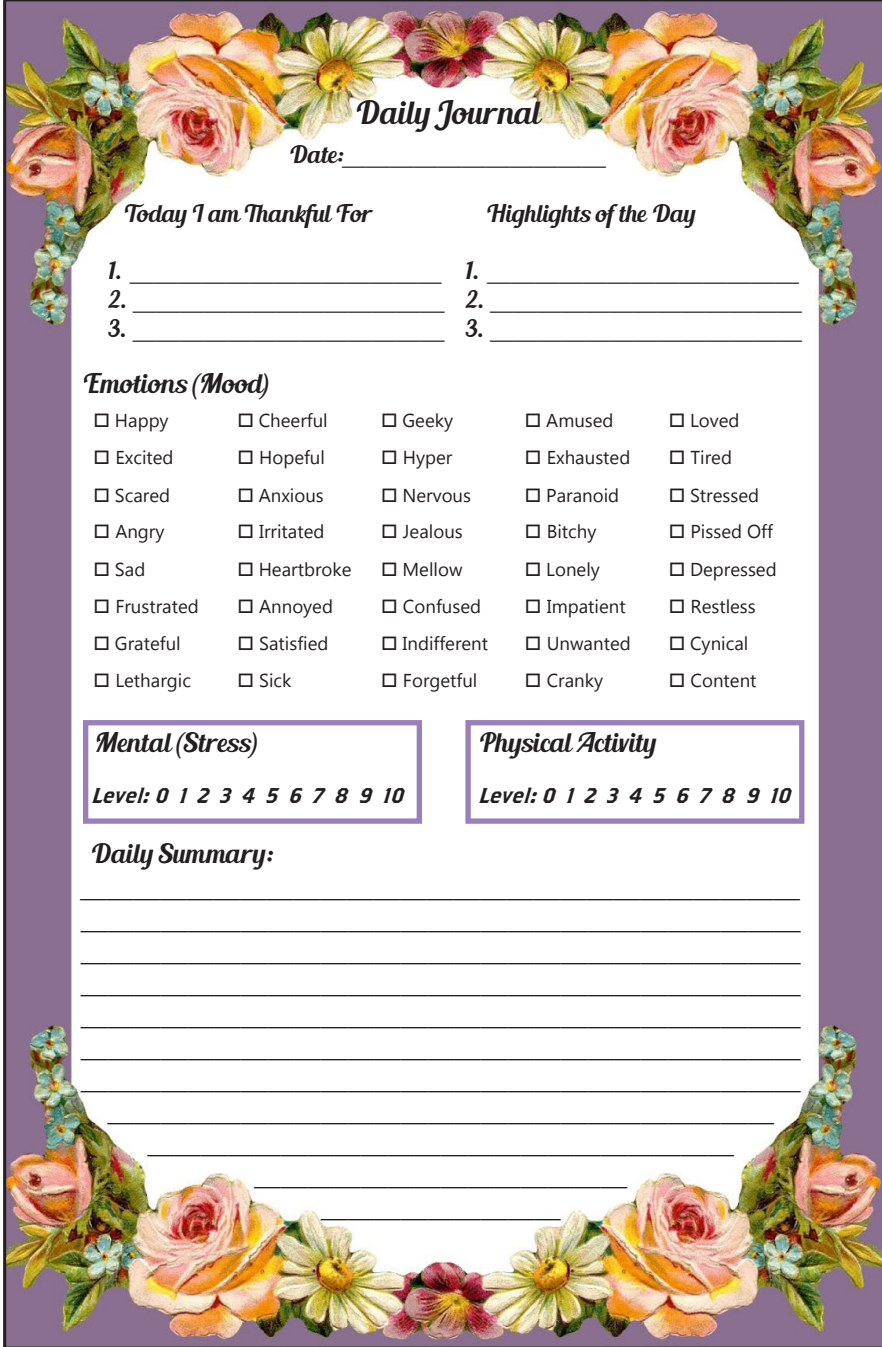
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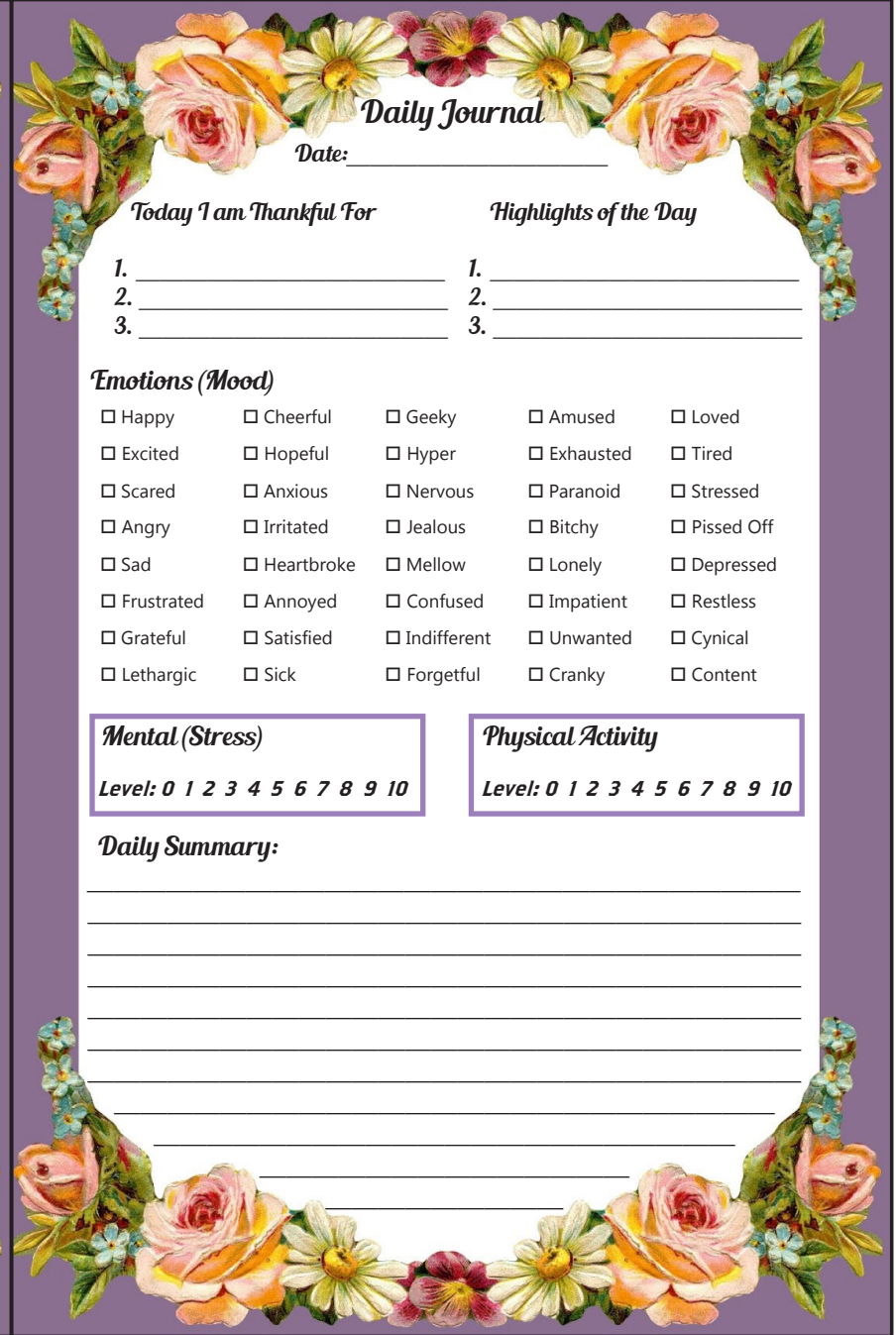
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