Date:	Qu	uote of ti	he day:		++
How are you feeling today? (Energy, mood, illness & injury)					
How much sleep did you get last night?					
Hours:	Sleep quality (for ex	xample,	good, disturbed, poor	<b>)</b> :	
<b>Daily Plan</b> What are you going to a	do today?				
<u>Breakfast</u>			<u>Lunch</u>		
<u>Dinner</u>			<u>Snacks</u>		
Highlight how many pieces of fruit and veg you eat	5 0 0 0 0 5 0 0 0 0		Highlight how many glasses of water you drink	666	
Exercise  What have you done to get moving? How long did you do this for?					
					Today's step count:
3 things you are thankf	ul for today:			GA SON	THERE IS  MGYS  METHING TO BE

thankful for

2.

3.