YOUR SELF ASSESSMENT JOURNAL

Week of _____

	MON	TUE	WED	THU	FRI	SAT	SUN	WEEK AVG	GRADE
Sleep (Hours)									
Breakfast (Food/Drink)									
Breakfast (Location)									
Lunch (Food/Drink)									
Lunch (Location)									
Dinner (Food/Drink)									
Dinner (Location)									
Inbetween snack (Food/Drink)									
Inbetween snack (Location)									
Exercise (Yes/No)									
Walking (Minutes)									
Speech (Fast/Slow)									
Outdoors (Minutes)									
Thoughts (Anxious/Calm)									
Particular Event									
Actions									
Time Wasters (See ch.4 step 4)									
Time Fillers (See ch.4 step 5)									
Time Debilitators (See ch.4 step 6)									