Patient Journal

## Week 1

**Weight** (Optional): Click here to enter text.

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| **SMART GOALS:** |
| 1. | Click here to enter text. |
| 2. | Click here to enter text. |
| 3. | Click here to enter text. |

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| **Mood Score (1-10)**1= Very Low10= Feeling Great |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Am |  |  |  |  |  |  |  |
| Pm |  |  |  |  |  |  |  |
| Daily Total |  |  |  |  |  |  |  |
|  | Total Score for the week |  |

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| **Energy Score (1-10)**1= No Energy10= Very Energetic |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |  |
|  | Total Score for the week |  |

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| **Gratitude Diary**List 3 things you are grateful for each day. This can be something big or really small |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 1. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **What has gone well this week and why?** |
| Click here to enter text. |
| **Has anything not gone as well as you hoped and why?** |
| Click here to enter text. |
| **What small step could you make to help you overcome any barriers you are facing?** |
| Click here to enter text. |