

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

*Think back over the day and mark the circle on the chart that best describes your experience.*

How did you do at enjoying life today (in a healthy way)?									
Not so good	OK	Good	Great	Exceptional	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						1	2	3	4
						5	6	7	8

How did you do at managing stress in a healthy way?									
Not so good	OK	Good	Great	Exceptional	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						1	2	3	4
						5	6	7	8

How did you do at being active and exercising today?									
Not so good	OK	Good	Great	Exceptional	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						1	2	3	4
						5	6	7	8

How did you do at eating a healthy, balanced diet (as you understand it)?									
Not so good	OK	Good	Great	Exceptional	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						1	2	3	4
						5	6	7	8

Wellbeing ↑

Exceptional { 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 0 }

Great { }

Good { }

OK { }

Not so good { }

Date →

*This chart is not designed to diagnose your wellbeing; rather, it's here to spur you on to new heights!*

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