

Self-Awareness Monthly Check-in

TOP 3 SUCCESSES

1 _____

2 _____

3 _____

WHAT WAS YOUR HAPPIEST MOMENT?

WHAT MADE YOU LAUGH?

WHAT PUT YOU IN THE BEST MOOD?

RECALL

1 _____

YOUR FAVORITE SMELL

2 _____

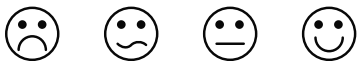
YOUR FAVORITE SOUND

3 _____

YOUR FAVORITE SIGHT/TOUCH

1 THING YOU COULD HAVE
DONE BETTER.

YOUR EXERCISE



YOUR EATING

