Date: ____/____/____ Circle: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Exercise	Time	Band Color	Outcome (Circle)	Feeling (Circle)
			+ OK -	
			+ OK -	
			+ OK -	
			+ OK -	
			+ OK -	
			+ OK -	
			+ OK -	
			+ OK -	
			+ OK -	
			+ OK -	
			+ OK -	