LeFever Wellness
Your partner in total Health!!

Day: _________________ Date: ___ / ___ / ___

Sleep

To Bed:	Woke Up:	Total Time:

1 2 3 4 5 6 7 8 9 10
Tired … Energized

10 9 8 7 6 5 4 3 2 1
Stressed … Relaxed

My Mood

1 2 3 4 5 6 7 8 9 10
Sad … OK … Happy … Awesome

TIME	Medication Testing Type / Reason Exercise Food	Amount 1 Reading Start Calories	Amount 2 Target – End Carbs	Amount 3 Range Total Protein	Amount 4 Fats	Fiber	Low Aerobic Cholesterol	High Anaerobic Other

	Calories	Carbs	Protein	Fats	Fiber	Cholesterol	Other
Food:							
			Total			Aerobic	Anaerobic
Exercise:							
	Average					Lows	Highs
Testing:							
	Amount 1	Amount 2	Amount 3	Amount 4			
Medication:							

Use this worksheet in conjunction with the LeFever Wellness Game Plan Program.

Get more information about nutrition, exercise, and ways to customize a program specifically for you at www.lefeverwellness.com.

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