

Name: _____ Date: _____

Connection & Compassion

For the past week, indicate practices of compassion or connection

MINDFULNESS: meditation prayer breathing exercises

CARING: community service intentional act(s) of kindness

SPIRITUALITY: Attendance Spiritual practice Gratitude

Other: _____

Energy (previous week or since last meeting)

Extremely Low Low energy Balanced High Extremely High Manic

Any change in medications? Y | N

Take a daily multivitamin? Y | N

Interpersonal Relationships

Feeling isolated Experiencing difficulties No major problems Satisfying relationships

Appetite & Activity - Please circle your selections:

Activity or
Exercise Goal:

Changes
in
appetite?

Changes in
physical
activity?

Healthy Eating Habits

General Suggestion: three **balanced** meals plus two light snacks/day

Days: 0 1 2 3 4 5 6 7

On a scale of 1-10, with 1 being poor and 10 being well, how would you rate your **sleep** over the past week? _____ (GTS_ SA_ PRE_)
How many hours of sleep per period on average? _____

Writing prompts and food for thought
(Pick one or more to complete)

For whom/what are you grateful:

What did you learn that was NEW for you?

In what ways have you surprised yourself?

Plan a specific act of compassion or kindness for tomorrow: