

Name: _____

LYBY Monthly Well-BEing Log

Starting December 2, 2013 below, log your overall well-being on the same day of the month for the next three months. Please note that a line for your "weight" has been added since over 50% of the LYBY Program participants mentioned wanting to better manage their weight. Recording it is completely optional.

Beginning with the first day of the first month, check the number for each question that corresponds to how you rate yourself. Then add up all the numbers/points for your first day and the following months. Plot your numbers on the chart.

Point Rating
1 = Poor 2 = Fair 3 = Good 4 = Great 5 = Excellent

MONTH 1 Date: _____ Weight: _____

On a scale of 1-5 please rate yourself on the following:

- | | | | | | |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How do you feel overall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How would you rate current financial situation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How would you rate your physical well-being? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How would you rate your emotional state? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How would you rate your daily connection to peace love and joy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Total Points: _____ | | | | |

Point Rating
1 = Poor 2 = Fair 3 = Good 4 = Great 5 = Excellent

MONTH 2 Date: _____ Weight: _____

On a scale of 1-5 please rate yourself on the following:

- | | | | | | |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How do you feel overall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How would you rate current financial situation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How would you rate your physical well-being? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How would you rate your emotional state? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How would you rate your daily connection to peace love and joy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Total Points: _____ | | | | |

Point Rating
1 = Poor 2 = Fair 3 = Good 4 = Great 5 = Excellent

MONTH 3 Date: _____ Weight: _____

On a scale of 1-5 please rate yourself on the following:

- | | | | | | |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How do you feel overall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How would you rate current financial situation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How would you rate your physical well-being? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How would you rate your emotional state? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How would you rate your daily connection to peace love and joy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Total Points: _____ | | | | |
-

Name:

CHART YOUR PROGRESS

Record your point totals for your first day (on the first line to the right of Day 1) and each month following. Starting with "0," draw a line from "0" to the point on the chart for Day 1 and the following months. Connect the dots for each.

25				
24				
23				
22				
21				
20				
19				
18				
17				
16				
15				
14				
13				
12				
11				
10				
9				
8				
7				
6				
5				
4				
3				
2				
1				
0				
	Day 1	Month 1	Month 2	Month 3