

Health Clarity Journal

Create clarity around key influencers on your health.

NAME: _____

Date Completed: _____

		Weekdays					Weekends		
Typical Nutrition	Breakfast								
	Lunch								
	Supper								
	Snacks								
	Fluids								
Bowel Movements (number & character)									
Extra-curricular Activities									
Physical Activity (types & time spent)									
Mood/Behaviour									

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		Weekdays					Weekends		
Time in Nature (minutes per day)									
Sleep	Amount per Night								
	Time to Fall Asleep								
	# Times Wake								
Screen Time (hours)	TV								
	Computer								
	Tablet								
	Mobile Phone								
	Gaming								
Skin & Body Care Products Used Regularly									
Medications (prescription & over the counter)									
Supplements									