

Keeping a log of your life

by Dr Scott F. Terry

All rights reserved. No part of this document may be reproduced or transmitted in any form or by any means without the prior written permission of the publisher. Permission is granted to print a hard copy version of this document solely for your own purpose.

DISCLAIMER

We make no warranties or representations, expressed or implied, regarding the quality, accuracy, merchantability or fitness for purpose of the material in this document, or regarding errors or omissions therein, and assume no legal liability (including for negligence) or responsibility for the accuracy, completeness, or usefulness of any information contained in this document, and do not accept any liability or responsibility whatsoever, in contract or tort or otherwise, to or for any person who may rely on this information wholly or in part, and any person who does rely on this information does so at their own sole risk.

The Publishers in addition assume no liability for personal injury or mental illness of any kind whatsoever arising from actions inspired by information in document. The information contained in this document is of a general nature, and is not intended to be a substitute for professional advice. Users of this document should confirm information from another source if it is of sufficient importance for them to do so.

By using the document from the www.ardentcenter.com website, you agree to hold harmless the Publishers from any claims, actions, or demands from yourself and any third party due to or resulting from your use of the information, purchases, services or document provided through this website. Furthermore, the information and document provided on this website are available only on an 'as is, where is' basis and the publishers make no warranties or representations regarding the availability of information from this site or the presence of programming deficiencies or computer viruses therein or present in the website or the document.

All users of the site do so at their own risk and all users of the site are responsible for protecting their own computing systems from any virus attacks, and understand that they take on at their own risk damage or losses taken on by viruses, unavailability, downtimes, faulty links and other issues relating to use of this site and the document by computer.

Introduction

These are sample charts only. You may need to custom design your own chart and make one that works for you.

You do not have to do everything here. This is a sampling of what you can chart. It is not meant to be complete or comprehensive, but to lead you to what you may need to keep track of for you. And generally you should only need to monitor each item for a few weeks once you get into a good routine. However, the therapy, past and future and connection charts you can use more long term.

If a particular question is not relevant for you, just ignore it or put a line through it.

You should complete the charts relative quickly, without much analysis, and no rumination. If you don't have any problem in a particular area, you can skip it (eg if you have no sleep difficulties, you can ignore the sleep chart).

Once you have monitored your current state for a period of time, you should read the resources pages on our website www.ardentcenter.com for some information which may help you improve yourself in these various areas.

This charting is separate from and different to journaling. See the resources section of www.ardentcenter.com for more details on journaling.

There is space at the end of the therapy chart to write in the personal exercise that your therapist has given you to track this week. If you do not have a therapist, I strongly encourage you to create your own personal exercise of the week to track. If you can't come up with an exercise, just put your therapeutic goal of the week and whether you are meeting it or not and how you feel about this.

NO SELF JUDGMENTS! There is no good and bad here, just a process. This charting is here just to track your process to help create the "you" that you want to create.

Get active. Create your own growth process. This is not about your thoughts, feelings, concentrating, trying, working at "the problem", some fantasy or something you are afraid of. This is not about what happened to you before or what you would like to do. This is about what is reality there for you today. What are you actually doing to make your life better now? This is about action, action that you did today. It is your time, now!

Sleep questionnaire

1. What time do you normally try to go to sleep by?
2. What time do you normally fall sleep by?
3. What time do you normally wake up?
4. How is the quality of your sleep?
5. How do you generally feel when you are going to bed? Do you feel emotionally tense or anxious?
6. How do you generally feel during the night? Are you emotionally tense or anxious?
7. Do you often feel any physical pain during the night or un-comfortableness?
8. Do you often have any nightmares or disturbing or emotional dreams?
9. How do you feel when you wake up?
10. Are you able to concentration and focus during the day?
11. If you wake up during the night, how long does it normally take you to go back to sleep?
12. Do you experience fatigue during the day (ie daytime sleepiness)?
13. Do you need to take naps during the day?
14. What is your bedroom like? Is it a conducive environment to sleep in? What is your mattress like?
15. Do you wake up a lot during the night? Is your sleep often disturbed? Do you feel restless in bed?
16. Do you snore a lot? (ask someone else this)
17. Does your partner's snoring disturb you?
18. Do you experience any sleep conditions like nightmares, restless legs, sleepwalking, waking-up gasping for breath, etc.?
19. Do you have any medical conditions that are affecting your sleep (eg high blood pressure, arthritis, heartburn, reflux, depression, anxiety or pain)?
20. How long before bedtime do you take your last coffee (or other form of caffeine such as a chocolate or pop drink), medicine, alcohol, nicotine and major exercise?
21. How much sunlight do you get each day?
22. What is your routine before bed (and what is your partner's routine)?

SLEEP	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	Comments
a. What time did I go to bed?									
b. What time did I fall asleep?									
c. What time did I wake up?									
d. How was my sleep? 1 = good, 10 = poor									
e. How did I feel when I woke up? (eg un-refreshed, anxious, hard to wake-up, confused, fatigued)									
f. If I woke up during the night, how long did it take me to fall asleep again? (minutes)									
g. Did I feel fatigue during the day (ie daytime sleepiness)? Y/N									
h. Did I take a nap? Y/N									
i. Was I able to concentrate during the day? Y/N									
j. How many times did I wake up during the night?									
k. Did I snore? Y/N									
l. Was there something that disturbed my sleep (eg partner snoring, noisy neighbors, room too hot, mattress soft)?									
m. Did a medical condition prevent you from sleeping (eg reflux, pain, anxiety etc)?									
n. Did I experience nightmares, restless legs, sleepwalking, waking-up gasping for breath or another sleep condition?									
o. How long before bed did I take caffeine, medicine, alcohol, nicotine or do heavy exercise? (hours)									
p. How much sunlight did I get during the day? (hours)									
q. How was my routine before bed? 1=good 10 = poor									

DIET		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total	Notes
a. What did I eat, how much and was I hungry? (eg bowl of oatmeal)	Breakfast									
	Lunch									
	Dinner									
	Snacks									
b. How did I feel before, during and an hour after eating? (eg 1 = good, 10 = bad, so 9/2/7 - meaning you were feeling bad before, OK during and a bit bad after)	Breakfast									
	Lunch									
	Dinner									
	Snacks									
c. Was I hungry during the day? Y/N										
d. Was I satisfied during the day in terms of food? Y/N										
e. Did I have energy after eating? Y/N										
f. Did I just focus on eating and listen to my body (or was I reading, trying to work or watching TV)? Y/N										
g. Did I lose weight? (lbs)										
h. Did I gain weight? (lbs)										
i. Did I suffer from any diet-related ailments (eg gas, stomach ache)?										
j. Did I eat too many foods that are bad for me (eg too much meat, fat, sugar, salt, processed food etc)? Y/N										
k. Did I eat enough foods that are good for me (eg fruits, vegetables, protein, fiber, fresh food, water etc)? Y/N										
l. Did I over-eat, binge-eat or do any emotional eating? Y/N										
m. Did I avoid eating for emotional reasons? Y/N										
n. Did I obsess about what I ate? Y/N										

EXERCISE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	Comments
Cardio									
a. What did I do? (eg walk, run, bike, elliptical, swim, another sport, a martial art etc)									
b. Intensity? Did I get my heart rate up for 30 minutes? Y/N									
c. How much time did I spend including cool down? (minutes)									
Strength training									
a. What did I do? (eg back, chest, arms, legs, core etc)									
b. Weights and number of repetitions of each?									
c. Intensity? How heavy, fast, heart rate etc? (10=heavy)									
d. How much time did I spend? (minutes)									
Flexibility									
a. What did you do? (eg yoga, pilates, awareness through movement classes, stretching before and after exercising)									
b. Intensity? How difficult was the class or session? (eg beginners, advanced etc)									
c. How much time did I spend? (minutes)									
From all your exercise									
d. How did I feel physically before exercising, right after and next day? (1=good, 10=bad, so 8/2/6 for bad before, good right after and still a bit bad the next day)									
e. How did I feel emotionally? (1=good, 10=bad, so 8/2/6 for bad before, good right after and still a bit bad the next day)									

MEDITATION / STRESS REDUCTION TECHNIQUES	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	Comments
a. Technique I used?									
b. Time I spent? (minutes)									
c. How did I feel emotionally? (1=good, 10=bad, so 8/2/6 for bad before, good right after and still a bit bad the next day)									
CONNECTION	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	Comments
a. Did I connect with myself? Did I give myself time to reflect on how I am feeling? Y/N									
b. What did I give myself today? (eg time to listen to music, dance, read a book, draw etc)									
c. Did I make a close connection with another person? Y/N									
d. Did I give something of myself to another person? (eg a gift, sending a card to someone or giving someone some help) Y/N									
e. Did I connect to nature and/or my higher spirit? Y/N									
PAST AND FUTURE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	Comments
a. What have I done today to let go of my past? (eg what bad habit/traits/coping mechanisms have I let go of, have I forgiven myself and forgiven someone else)									
b. What new habits or skills have I adopted today and how have I made order of the world around me?									
c. Have I made sure today that I am living in the present rather than the past or just dreaming of a future or a fantasy? Have you practiced mindfulness? Y/N									

THERAPY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	Comments
a. What tool have I used today to work on myself? (eg journaling, communication exercises, writing a poem or doing a drawing to express my feelings, an exercise set by my therapist or myself etc) <i>[Print as many copies of this page as you need for however many tools you are using.]</i>									
b. How long did I spend using this tool? (minutes)									
c. How did I feel using this tool? (1=good, 10=bad, so 8/2/6 for bad before, good during and still a bit bad later on)									
d. Which issue(s) did I address via this tool? (eg mood, anxiety, adjustment, medical, relationship, spiritual, etc)									
e. What positive things came out of my addressing this issue? (eg happiness, focus, structure, balance, stability, etc)									
f. What negative things came out of my addressing this issue? (eg withdrawing, sadness, pain, confusion, anger, instability, etc)									
g. What is the next step I need to take to develop myself further? (eg is there some exercise I could do to address a particular issue)									
h. Personal exercise / goal # 1									
i. Personal exercise / goal # 2									