

Daily Survey

Morning

Wake up time: _____

Wake up energy level: 1 2 3 4 5

Well rested? 1 2 3 4 5

End-of-Day Review

My Values

Today I...

	No	A bit	Yes
Made something useful for another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made something work better than it did before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took care of my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learned something new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executed the more difficult branch of a decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I feel that today:

- ☐ is a day I'm proud of, whose quality I should try to repeat
- ☐ is a day I should try to improve upon

Bedtime

In bed time: _____

Sleepiness level at bedtime: 1 2 3 4 5

Looking forward to tomorrow? 1 2 3 4 5