

Reconnect Program Step 1. Recording Your Baseline

Name/ Date _____

CATEGORY	SUN	MON	TUE	WED	THUR	FRI	SAT
Foods							
Drinks							
Screen Time							
Sleep							
Family Activities							
Outdoor Time							
Physical Activities							
contemplative practices such as Mindfulness/ Meditation/ Breathing							
Energy Level 0-10							
Stress Level 0-10							
Medication							