Worksheet 5. A Device-Free Week

Take your device off or hide the scores for seven days; keep medical alerts if your doctor asked you to (Chapter 13).

Day	Sleep (1–5)	Energy (1–5)	Mood (1–5)	What I did for my body today
1				
2				
3				
4				
5				
6				
7				

At the end of the week: I slept ☐ worse ☐ the same ☐ better · I worried ☐ more ☐ the same ☐ less

Next week I'll keep: _____ and drop: _____