

PLEASED/Healthy Habits - Week of: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1. P: Physical Health							
2. L: List Resources/Ask for help							
3. E: Balanced Eating							
4. A: Avoid drugs and alcohol							
5. S: Sleep							
6. E: Exercise							

Y = Yes - Write “Y” if you worked on this part of PLEASED.

N = No - Write “S” if you worked on **some** of this part of PLEASED.

S = Some - Write “N” if you **did not** work on this part of PLEASED.

Horizons Diary Card - Week of: _____

<u>Day</u>	<u>Date</u>	<u>Meds</u> <u>Y/N</u>	<u>SI</u> <u>(0-10)</u> <u>Y/N</u>	<u>SIB</u> <u>(0-10)</u> <u>Y/N</u>	<u>TIB</u> <u>0-10</u> <u>Y/N</u>	<u>Ang</u> <u>0-10</u>	<u>Dep</u> <u>0-10</u>	<u>Anx</u> <u>0-10</u>	<u>Sleep</u>	<u>Energy</u> <u>0-10</u>	<u>BPE</u>	<u>Feelings</u>
Sun												
Mon												
Tues												
Wed												
Thurs												
Fri												
Sat												

My goals	Monday	Tuesday	Thursday
Goal 1:	Y/N Skills	Y/N Skills:	Y/N Skills:
Goal 2:	Y/N Skills:	Y/N Skills:	Y/N Skills:
Daily goal			