

**DAILY REVIEW SHEET**

Write down your daily intake of food an fluid, and review using the cues down the side

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| --- | --- | --- |
| Breakfast | **Simple Score Review**OverallSleepStressPerformanceFluidOrganisation | /10/10/10/10/10/10 |
| Snack |
| Lunch | **3 Key Improvements:**1. **…**
2.
3.
 |
| Snack |
| Dinner |
| Snack | **Today’s Wins:** |
| Exercise |