Entry # _____   **The Quantified Self**   Date_____

Sleep	
Time I fell asleep last night	
Time I woke up this morning	
Total amount of sleep	
Quality of sleep (0-3)	

Activity			
Phone time. (Passive Screen) [Active Screen]			
Time spent doing physical activity (Did I sweat?)			
Am I happy with yesterday's overall activity? (0-3)			

Academics		
Time spent doing homework. (Was my phone with me?)		
Am I happy with yesterday's academic effort? (0-3)		
Do I have a test today? (Total hours I studied for it?)		
What grade did I get?		

Ingestion		
Breakfast? (who made it?)		
Lunch? (who made it?)		
Dinner? (who made it?)		
Snacks? (who made them?)		
What did I drink yesterday? (#)	Water ( ) Caffeine ( ) Other ( )	
Was I happy with my ingestion? (0-3)		

Miscellaneous		
Number of steps		
Hours worked at job		
Amount of money made (spent)		
Overall day rating out of 12		