KeepCalm

DAILY JOURNAL

Daily Reflections for
Restful Sleep & Calm

Welcome to the *KeepCalm Daily Journal*.

Hey there,

First off, a big thank you for choosing our ***KeepCalm Supplement***. To enhance its benefits, we've crafted this journal just for you. Together, they're the perfect duo for serene nights and peaceful days.

Here's how to make the most of both:

1. **Consistency is Key**. As you take the ***KeepCalm*** Supplement daily, use this journal to track your progress. Note any changes in your sleep quality and stress levels. Over time, you'll see the magic unfold.

2. **Honesty Above All**. This journal is your sanctuary. Be raw, be real, be you. The more genuine your entries, the clearer the reflection of how the supplement is supporting you.

3. **Morning or Night**? We recommend starting your day with a dose of ***KeepCalm Supplement*** and setting intentions for calmness in your journal. Then, end the day by reflecting on what contributed to your restful sleep.

4. **Look Back Occasionally**. As days turn into weeks, you'll start noticing patterns. These insights, coupled with the ***KeepCalm Supplement***, can guide you towards better sleep and reduced stress.

5. **Stay Patient and Kind to Yourself**. Natural remedies and reflections work wonders over time. Celebrate small victories and remember that each step brings you closer to a well-rested, calmer you.

Think of this journal as a companion to your ***KeepCalm Supplement*** journey. As you nurture your body with our supplement, use these pages to nurture your mind.

To restful nights, peaceful days, and the transformative power of reflection,

Warmly,
KeepCalm

Of course. Here's the revised ***KeepCalm Pre-Survey*** with the changes you've requested:

KeepCalm

KeepCalm Journal Pre-Survey:

Before you embark on your journey with the KeepCalm Daily Journal, take a moment to answer these initial questions. They will help you gauge where you're starting from and offer a point of reflection as you continue to use the journal alongside the KeepCalm Supplement.

Date: _____

1. **Full Name:** _____
2. **Age:** _____

3. **What are your primary reasons for using the *KeepCalm Supplement*?**
(You can tick more than one circle.)
◯ Stress Relief ◯ Sleep Support ◯ Mood Improvement
◯ Other: _____

4. **Typical hours of sleep per night:**
(*e.g.* 6.5 hours.) _____

5. **Are you currently taking any other supplements or medicines?**
◯ Yes ◯ No
If yes, please list them: _____

6. **Do you have any medical conditions we should be aware of?**
◯ Yes ◯ No
If yes, please specify: _____

7. **How would you rate your current diet and nutrition?**
◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10
(1 being unhealthy and 10 being very healthy.)

8. **How active are you on a typical week?** *(Physical activity.)*
◯ Very active (Exercise most days)
◯ Moderately active (Exercise a few days a week)
◯ Not very active (Rarely exercise)
◯ Sedentary (No exercise)

9. **On average, how would you rate your daily stress level over the past month?**
◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10
(1 being very calm and 10 being very stressed.)

10. **What are your primary goals or expectations from this journaling experience?**
◯ Better understanding of my moods and emotions
◯ Tracking the effectiveness of the ***KeepCalm Supplement***
◯ Building a daily reflective habit
◯ Other: _____

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(1 being restless and 10 being deeply restful.)

Mood and Well-being:

5. **Rate your mood today:** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10
(1 being sad and 10 being happy.)

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8. **What small victories did you achieve today?** (*e.g.* Completed a challenging task, had a productive conversation.) _____

Daily Reflections:

9. **What are you grateful for today?** (*e.g.* A supportive friend, good health, a delicious meal.)

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10. **Share a positive affirmation for yourself:** (*e.g.* I am worthy of love and happiness, I handle challenges with grace.) _____

11. **What challenges did you face today and how did you overcome them?** (*e.g.* Felt overwhelmed with work, but took a short break to regroup.) _____

12. **How did you practice self-care today?** (*e.g.* Read a book for 30 minutes, had a relaxing bath.)

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13. **Imagine tomorrow being the best day. What would it look like?** (*e.g.* A day with no stress, completing my tasks, spending quality time with loved ones.) _____

14. **What are your goals for tomorrow?** (*e.g.* Finish a project, call a friend, practice mindfulness for 10 minutes.) _____

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15. **Closing thoughts for the day:** (*e.g.* Today was challenging but rewarding. Looking forward to a fresh start tomorrow.) _____

KeepCalm

KeepCalm Daily Journal Entry:

Date: (*e.g.* April 22, 2023.) _____ **Day:** (*e.g.* Friday.) _____

Supplement Intake:

1. **Did you take the KeepCalm Supplement today?** ○ Yes ○ No

2. **If yes, what time did you take it**? (*e.g.* 8:30 AM, right after breakfast.)
Write the time here: _____

Sleep Patterns:

3. **How many hours did you sleep last night?** (*e.g.* 7.5 hours.) _____

4. **Rate the quality of your sleep last night:** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10
(1 being restless and 10 being deeply restful.)

Mood and Well-being:

5. **Rate your mood today:** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10
(1 being sad and 10 being happy.)

6. **What emotions did you experience today?** (*e.g.* Felt joy during my morning walk, anxious during a meeting.) _____

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