

7-DAYS TO CONSCIOUS CARING

BEFORE		Day #1 Stress Level: No Stress 0 1 2 3 4 5 6 7 8 9 10 Most Stress										
DAY/DATE	THIS MORNING I REFLECTED ON...	THIS AFTERNOON I BREATHED	THIS EVENING I WAS GRATEFUL FOR...									
Day #1:		<input type="checkbox"/>										
Day #2:		<input type="checkbox"/>										
Day #3:		<input type="checkbox"/>										
Day #4:		<input type="checkbox"/>										
Day #5:		<input type="checkbox"/>										
Day #6:		<input type="checkbox"/>										
Day #7:		<input type="checkbox"/>										
AFTER		Day #7 Stress Level: No Stress 0 1 2 3 4 5 6 7 8 9 10 Most Stress										

NEXT STEPS: IF YOU WANT TO CONTINUE SEEING IMPROVEMENT: CLICK THE CALENDLY LINK TO SCHEDULE YOUR 3 FREE 30-MIN CARING CALLS. [BOOK FREE CALL](#)
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