

Mein Power-Tagebuch

Woche (vom \_\_\_\_\_ bis \_\_\_\_\_ )

| Kriterium \ Tag       |                           | MO                             | DI                             | MI                             | DO                             | FR                             | SA                             | SO                             |
|-----------------------|---------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Power-Guide           | Lebenseinstellung         | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                       | Energiemanagement         | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min |
|                       | Mikroprogramme            | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min |
|                       | QiGong-Programm           | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min |
|                       | Add-on-Programme          | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min |
|                       | Bewegung                  | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min | <input type="checkbox"/> h/min |
|                       | Ernährung                 | Mahlzeiten:                    | Mahlzeiten:                    | Mahlzeiten:                    | Mahlzeiten:                    | Mahlzeiten:                    | Mahlzeiten:                    | Mahlzeiten:                    |
|                       | Funktionelle Ernährung    | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
|                       | Nahrungsunterstützung     | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Assessment (Pre/Post) | Energie-Level             |                                |                                |                                |                                |                                |                                |                                |
|                       | Stimmung                  |                                |                                |                                |                                |                                |                                |                                |
|                       | Stress-Pegel              |                                |                                |                                |                                |                                |                                |                                |
|                       | Schlafperformance         |                                |                                |                                |                                |                                |                                |                                |
|                       | Gesundheits-Rating        | 1 2 3 4 5 6                    | 1 2 3 4 5 6                    | 1 2 3 4 5 6                    | 1 2 3 4 5 6                    | 1 2 3 4 5 6                    | 1 2 3 4 5 6                    | 1 2 3 4 5 6                    |
|                       | Aktuelle Herausforderung  |                                |                                |                                |                                |                                |                                |                                |
| Notizen               | Meine Erkenntnis ...      |                                |                                |                                |                                |                                |                                |                                |
|                       | Das möchte ich ändern ... |                                |                                |                                |                                |                                |                                |                                |
|                       | Ich bin dankbar für ...   |                                |                                |                                |                                |                                |                                |                                |