

W ____

0 1 2

Reflections

MON

Do you feel accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

TUE

Do you feel accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

WED

Do you feel accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

THU

Do you feel accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

FRI

Do you feel accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SAT

Do you feel accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SUN

Do you feel accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you feel stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____