

Day

MON

TUE

WED

THU

FRI

SAT

SUN

MM

DD

YY



What did you do today?

How much did it involve me?

Did the activity give me or take away energy?

Flow

6

.

8

.

.

.

.

.

13

14

.

.

.

18

.

20

.

.

.

24



REPORT OF THE FIRST WEEK

Activities where I felt involved

Activities that gave me energy

I experienced flow (felt good, comfortable, capable of fulfilling the task...) when

REPORT OF THE SECOND WEEK

Activities where I felt involved

Activities that gave me energy

I experienced flow (felt good, comfortable, capable of fulfilling the task...) when



Co-funded by
the European Union

