|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| What was the Weather Like? |  |  |  |  |  |  |  |
| How did the weather affect what you wore? |  |  |  |  |  |  |  |
| How did the weather affect what you ate? |  |  |  |  |  |  |  |
| How did the weather affect what you drank? |  |  |  |  |  |  |  |
| How did the weather affect how you travelled? |  |  |  |  |  |  |  |
| How did the weather affect your health or how you felt? |  |  |  |  |  |  |  |
| How did the weather affect your school, work or leisure activities? |  |  |  |  |  |  |  |

