

# Health Tracker



**DATES:** \_\_\_\_\_

**DAILY MEALS**

**WATER INTAKE  
(8 OZ. EACH)**

**OTHER**

<b>DAY 1</b>	B _____		HOURS OF SLEEP: _____	EXERCISE: _____
	L _____		QUALITY: _____	TIME: _____
	D _____		ADDITIONAL NOTES: _____	
	S _____			

<b>DAY 2</b>	B _____		HOURS OF SLEEP: _____	EXERCISE: _____
	L _____		QUALITY: _____	TIME: _____
	D _____		ADDITIONAL NOTES: _____	
	S _____			

<b>DAY 3</b>	B _____		HOURS OF SLEEP: _____	EXERCISE: _____
	L _____		QUALITY: _____	TIME: _____
	D _____		ADDITIONAL NOTES: _____	
	S _____			

<b>DAY 4</b>	B _____		HOURS OF SLEEP: _____	EXERCISE: _____
	L _____		QUALITY: _____	TIME: _____
	D _____		ADDITIONAL NOTES: _____	
	S _____			

<b>DAY 5</b>	B _____		HOURS OF SLEEP: _____	EXERCISE: _____
	L _____		QUALITY: _____	TIME: _____
	D _____		ADDITIONAL NOTES: _____	
	S _____			

**VITAMINS / SUPPLEMENTS / MEDICATIONS**

S	M	T	W	TH	F	S