DAILY ROUTINE TRACKER

NAME: _____ **DATE:** _____

GOAL: _____

CODES

S	**Supplement**	**E**	**Exercise**	___	_____
F	**Food**	**M**	**Medication**	___	_____
D	**Drink**	___	_____	___	_____

WAKE _____ **TO BED** _____

CODE	TIME	DESCRIPTION

NOTES (mood, symptoms, pain, etc.)

_____

_____

_____

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