

FIRST 30 DAYS - PHYSICAL HEALTH TRACKER

Name: _____

Start Date: _____

Check each item you complete. Notice progress - do not judge yourself.

Day	Regular Meals	Water	Walked / Moved	Sleep Routine	Energy 1-5	Notes
1	☐	☐	☐	☐	_____	
2	☐	☐	☐	☐	_____	
3	☐	☐	☐	☐	_____	
4	☐	☐	☐	☐	_____	
5	☐	☐	☐	☐	_____	
6	☐	☐	☐	☐	_____	
7	☐	☐	☐	☐	_____	
8	☐	☐	☐	☐	_____	
9	☐	☐	☐	☐	_____	
10	☐	☐	☐	☐	_____	
11	☐	☐	☐	☐	_____	
12	☐	☐	☐	☐	_____	
13	☐	☐	☐	☐	_____	
14	☐	☐	☐	☐	_____	
15	☐	☐	☐	☐	_____	
16	☐	☐	☐	☐	_____	
17	☐	☐	☐	☐	_____	
18	☐	☐	☐	☐	_____	
19	☐	☐	☐	☐	_____	
20	☐	☐	☐	☐	_____	
21	☐	☐	☐	☐	_____	
22	☐	☐	☐	☐	_____	
23	☐	☐	☐	☐	_____	
24	☐	☐	☐	☐	_____	
25	☐	☐	☐	☐	_____	
26	☐	☐	☐	☐	_____	
27	☐	☐	☐	☐	_____	
28	☐	☐	☐	☐	_____	
29	☐	☐	☐	☐	_____	
30	☐	☐	☐	☐	_____	

WEEK 1: Rest, eat, hydrate and stay medically safe. **WEEK 2:** Build a simple daily routine. **WEEK 3:** Add gentle walking and light strength. **WEEK 4:** Establish habits you can continue.

My biggest improvement this month: _____

One healthy habit I will continue: _____

SAFETY: Alcohol withdrawal can be dangerous. Seek immediate medical help for seizures, hallucinations, confusion, chest pain, trouble breathing or severe vomiting.