NEXT 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	☐	☐	☐	☐	____	

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.