Activity Tracking Sheet

Listed below are each of the eight areas, plus an additional areas related to exposure to toxins (such as alcohol or drugs). In order to gain a better sense of your wellness in each area, track behaviors over the course of one week.

Focus Time

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Minutes and/or hours per day (note activities)							

Play Time

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Minutes and/or hours per day (note activities)							

Connecting Time

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Time spent in spiritual practice							
Participation in community events (Y/N)							
Time spent in nature and/or with an animal							
Quality time spent with another person(s)							

Physical Time

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Steps per day							

Aerobic exercise of moderate or greater intensity (minutes)							
Strength training (minutes)							
Yoga, tai-chi, dance, etc. (minutes)							
Stationary/immobile time per day							

Time in

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Formal mindfulness practice (minutes) (note type)							
Informal “checking in” with internal thoughts, feelings, and sensations (Y/N)							

Down Time

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Minutes and/or hours per day (note activities)							

Sleep Time

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Hours per night (note sleep and wake times)							
Number of wakeups							
Feel rested at wake-up (Y/N)							

Diet and Nutrition

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Calories per day							
Frequency of meals							

Food groups eaten*							
Meeting nutritional needs (Y/N)							
Avoid allergic foods (Y/N)							
Limit simple sugar intake (Y/N)							

* C = carbohydrates, FA = fats, FR = fruits, P = protein, V = vegetables.

Toxin Exposure and Drug Use

Exposure to toxins in past week (list) _____

Substances used in past week (list) _____

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Substance 1: Amount used							
Substance 2: Amount used							
Intoxication (Y/N)							
Withdrawal side effects (Y/N)							
Driving while using (Y/N)							