

DAILY HEALTH + FITNESS TRACKER



Date: _____

Breakfast	Lunch
Snacks	Dinner

Workout (Hydration (Aim for 90oz)
<input type="checkbox"/> Cardio	<input type="checkbox"/> Strength	
<input type="checkbox"/> Flexibility	<input type="checkbox"/> Yoga	
<input type="checkbox"/> Rest Day	<input type="checkbox"/>	

Self-Care Activities (Take moments in your day for you)

Reflection
Today, I accomplished...
Today, I felt...
Tomorrow I will...