21-Day Lifestyle Pillars Tracker

Print this tracker and complete it over the period of 21 days. Keep a record as to whether the daily goal was achieved across the 6 Lifestyle Medicine Pillars and about what worked and what needs improvement.

Week of: _____ Wake time goal: _____ Bedtime target: _____

Week 1		**Lifestyle Medicine Pillars**							
Day		**Optimal Nutrition (1 meal)**	**Physical Activity (# of minutes)**	**Stress Management (3 min)**	**Restorative Sleep (Wake-up Time, 10 min Wind-down)**	**Social Connections (1 message)**	**Avoidance of Risky Substances**	**What Worked?**	**What Needs Improvement?**
1	Monday								
2	Tuesday								
3	Wednesday								
4	Thursday								
5	Friday								
6	Saturday								
7	Sunday								

Week 1 Reflection	
What worked well this week?	
What challenges did you encounter and how can you overcome them?	

Week 2		Lifestyle Medicine Pillars						What Worked?	What Needs Improvement?
		Optimal Nutrition (2meals)	**Physical Activity (10min)**	**Stress Management (5min)**	**Restorative Sleep**	**Social Connections (2 mini-meetups)**	**Avoidance of Risky Substances**		
8	Monday								
9	Tuesday								
10	Wednesday								
11	Thursday								
12	Friday								
13	Saturday								
14	Sunday								

Week 2 reflection	
What worked well this week?	

What challenges did you encounter and how can you overcome them?	

Week 3		Lifestyle Medicine Pillars						What Worked?	What Needs Improvement?
		Optimal Nutrition (Every meal)	**Physical Activity (30min + other activity)**	**Stress Management (10min)**	**Restorative Sleep**	**Social Connections Plan**	**Avoidance of Risky Substances**		
15	Monday								
16	Tuesday								
17	Wednesday								
18	Thursday								
19	Friday								
20	Saturday								
21	Sunday								
Week 3 Reflection									
What worked well this week?									

What challenges did you encounter and how can you overcome them?	

Overall Reflection	
How do you feel?	
What will you continue?	
What change will you try next week?	