

# Pain Tracker

**Instructions:** Use this sheet regularly to track when and how you experience pain. Fill in the color-coded key and color in the day of the month based on the severity of your pain: None, mild, moderate, severe or unbearable.

MONTH / YEAR

The chart is a circular grid divided into two halves. The left half represents the end of a month, with days 20 through 31. The right half represents the beginning of a month, with days 1 through 19. Each day is split into AM and PM segments. A legend in the center identifies five pain levels: No pain (white circle), Mild pain (light blue circle), Moderate pain (medium blue circle), Severe pain (dark blue circle), and Unbearable pain (black circle). A scale at the bottom maps these levels to a numerical range from 0 to 10.

31	AM	PM	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	PM	AM
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**Legend:**

- No pain
- Mild pain
- Moderate pain
- Severe pain
- Unbearable pain





# Healthy Habits Tracker



**Instructions:** Record healthy habits by filling in the box that corresponds with the activity you did that day. Track any other habits you want to keep by filling in the blank cells. At the bottom, track how you feel in the morning and evening of each day by assigning each bubble a color and using that color to fill in the boxes for each day.

MONTH / YEAR \_\_\_\_\_

Habit	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	31
Got 8 hours of sleep																															
Drank 64 oz. of water																															
Exercised 30 minutes or more																															
Took medications and/or supplements																															
Ate 5+ servings of fruits and veggies																															
Write your own...																															

Today I Feel...	AM																														
	PM																														

Healthy

Energetic

Focused

Sick

Tired

Moody



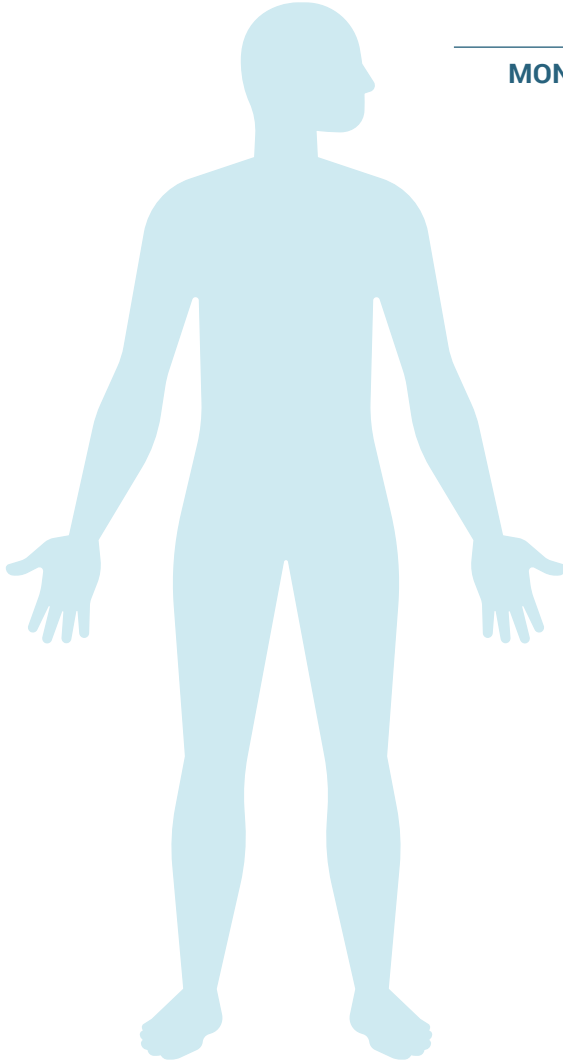
# Mindfulness Tracker



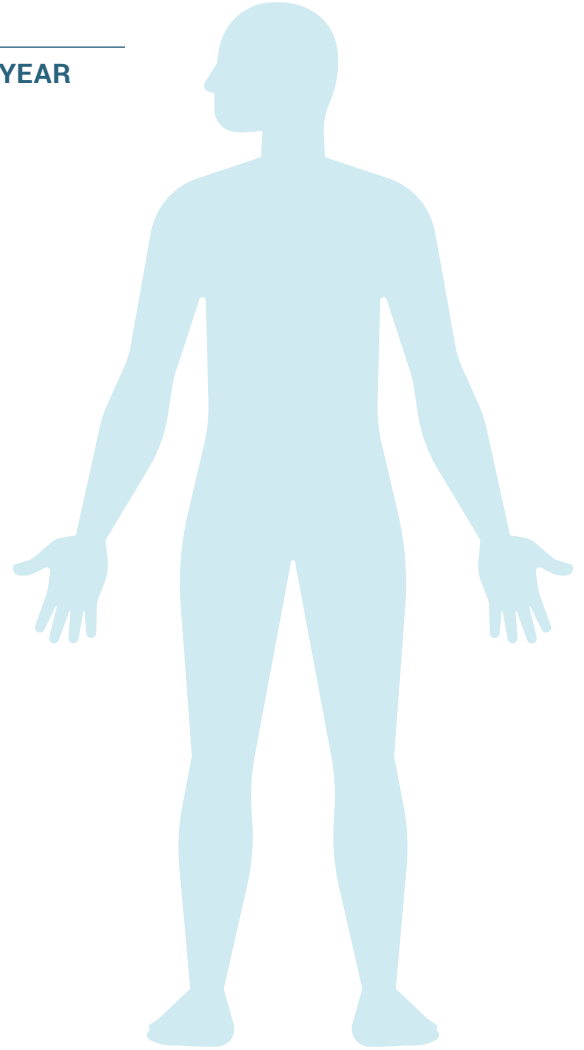
**Instructions:** Start at the top of your head and scan down to your toes, noticing any unpleasant sensations and marking them on the diagram.

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\_\_\_\_\_  
MONTH / DAY / YEAR



**Front**



**Back**

**Notes:** \_\_\_\_\_  
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