balance naturopathic

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Name:_____ Date:_____

Tracking Sheet

Date:	Temp. a.m	Sleep (scale 1 – 10)	Bowel Mvmts (#/day)	Energy (scale 1 -10)	Mood (scale 1 – 10)	Exercise (# of minutes)	Appetite (scale 1 - 10)		Comments about the day:
Target									