**Name: _____**

| Activity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| Sleep | | | | | | | | | |
| 8 or more hours of sleep | | | | | | | | | |
| Physical recovery | | | | | | | | | |
| Post exercise protein | | | | | | | | | |
| Post exercise carbohydrates | | | | | | | | | |
| Hydration (1/2 body wt in oz water) | | | | | | | | | |
| Electrolytes | | | | | | | | | |
| Massage | | | | | | | | | |
| Stretching | | | | | | | | | |
| Foam rolling | | | | | | | | | |
| Hydrotherapy | | | | | | | | | |
| Stress Management | | | | | | | | | |
| Mindful meditation | | | | | | | | | |
| Deep breathing | | | | | | | | | |
| Progressive muscle relaxation | | | | | | | | | |
| Quiet walk in fresh air (no electronics) | | | | | | | | | |
| Counseling | | | | | | | | | |
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| TOTAL | | | | | | | | | |
| **Additional Tracking Items** | (Personal goals, things to work on) | | | | | | | | |
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**Month:_____**

| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
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| 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TOTAL |
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