

NAME \_\_\_\_\_

Please complete the following log(s) according to the instructions given to you by your B.E.S.T. surgical optimization team.

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

\_\_\_/\_\_\_/\_\_\_ DATE    \_\_\_/\_\_\_/\_\_\_ DATE    \_\_\_/\_\_\_/\_\_\_ DATE    \_\_\_/\_\_\_/\_\_\_ DATE    \_\_\_/\_\_\_/\_\_\_ DATE    \_\_\_/\_\_\_/\_\_\_ DATE

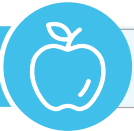
## BREATHE



1<sup>st</sup> Breathing Exercise  
2<sup>nd</sup> Breathing Exercise  
3<sup>rd</sup> Breathing Exercise  
4<sup>th</sup> Breathing Exercise

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

## EAT



Log your daily food intake using the enclosed B.E.S.T. Tracking EAT log.

## SLEEP



Hours you **sleep** per night

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

## TRAIN



# of **steps** you take each day

**Other Activities:**  
Exercise Type  
and Amount of Time

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY