

Daily Brain Health Tracker

A simple check-in for your everyday habits.

Date: _____

Tick your habits. Mark a circle. Add a note.



Sleep

Hours slept: _____

Sleep quality



1



2



3



4



5

1 Poor · 5 Great



Regular bedtime



Movement

Minutes active: _____



Cardio



Strength



Stretch

Activity: _____



Nutrition

Vegetable servings: _____



Balanced meals

Water (cups): _____



Mental activity



Learned something new



Challenged my mind



Created something

Activity: _____



Connection



In person



Phone / online

Connection quality



1



2



3



4



5

1 Low · 5 High



Stress & reset

Stress level



1



2



3



4



5

1 Low · 5 High



Relaxation



Time outdoors



Notes & reflection

What helped today?

One small step for tomorrow

Weekly note (optional): _____