

## WELCOME

Let this simplified version of the **cre8shift** Well-being Tracker serve as your guide to discovering the infinite possibilities across all facets of your life. It starts with your health!

The purpose of this tracker is to assist you in gaining a deeper understanding of your daily habits, choices, and behaviors. By focusing on the elements of **S-H-I-F-T**, which stand for **Sleep, Hydration, In-Motion, Food, and Thoughts**, you can elevate your awareness and make positive changes over time.

These elements significantly impact your immunity, mental clarity, energy levels, and overall mood. For example, insufficient sleep and inadequate hydration can lead to low energy levels and increased susceptibility to illness. Let's get started to discover additional insights on your path to well-being!

## HOW TO USE

Take a moment at the end of each day to record your self-care activities in the tracker. Alternatively, you can fill it in as you go about your day. For instance, you can note your sleep hours right after waking up. At the end of the week, review your entries to assess your progress and identify areas where you can make improvements.

Please keep in mind that perfection is not the goal. This tracker is not meant to add stress but rather to provide you with a reality check so you can enhance your self-care where necessary. *Remember, your body is more forgiving and resilient than you might think.*

## YOUR WELLNESS GOAL

For each element of **S-H-I-F-T**, we've included some general wellness goals based on current research and recommendations. However, it's essential to listen to your body, consult with a healthcare professional when in doubt, and prioritize what's best for you.

**SLEEP:** High-quality sleep is vital for overall well-being. Aim for 7-9 hours of sleep per night. Each day, record the total number of hours you slept. Capture the time you go to sleep, the time you wake, and the total number of hours. Next, rate your sleep quality on a scale of 1-5.

**HYDRATION:** Staying hydrated is essential for your well-being. Calculate your daily water intake by dividing your body weight in pounds by two to determine the approximate number of ounces of water you need daily. In your Well-being Tracker, record the ounces or liters of water you consume each day. Additionally, list any other sources of fluids you consumed throughout the day.

**IN-MOTION:** Regular physical activity boosts your energy and mood, supports healthy digestion, and more. Strive for exercise four to five times a week, with each session lasting 30-45 minutes. Diversify your activities. Whether you walk, run, dance, lift weights, practice yoga, or engage in other activities, document what you do and the duration in your Well-being Tracker each day.

**FOOD:** Balanced and varied dietary choices are crucial. Use this section to check any/all the food categories that apply to your daily intake.

**THOUGHTS:** Monitor your predominant thoughts throughout the day (AM, MID, PM). Place a checkmark in the corresponding box for Positive, Neutral, or Negative moods. Your thoughts influence your mood. Tracking helps you gain insight into your emotional patterns.

## GETTING STARTED

1. Download & Print the weekly Well-being Tracker – or – Download & Annotate on a compatible digital device.
2. Review the five **S-H-I-F-T** elements and questions asked under each category.

**Rating System:** each element has its own rating &/or tracking system associated with a category question:

- ∞ **Scale 1-5:** 1 represents lowest (*poor*), 5 represents highest (*great*)
  - ∞ **Circle or Box:** mark the appropriate item that best represents your experience, timeframe, selection, or feelings for that category
  - ∞ **Fill in the Blank:** some sections require you to calculate a metric / timeframe or capture anything you've consumed (*e.g., 8:00am, 91oz., coffee*)
3. Keep in mind – this is an opportunity to reveal something about you and your health that can lead to a greater impact.

### PRO TIP:

*While tracking with the **cre8shift Well-being Tracker** is essential, consider seeking a coach for personalized strategies that accelerate your progress toward lasting well-being and success. Interested? [cre8shift.com/contact](https://cre8shift.com/contact)*

*Disclaimer:* Well-being is a highly individualized journey. The cre8shift Well-being Tracker is provided for informational and educational purposes only. It is not a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding your health.

	S	H	I	F	T
	<b>SLEEP</b>	<b>HYDRATION</b>	<b>IN-MOTION</b>	<b>FOOD</b>	<b>THOUGHTS</b>
	What's the quantity & quality?	How much are you consuming?	What's the type & frequency of activity?	Are your dietary needs varied & balanced?	Are they consistent or fluctuate?
SUN	WAKE  ____:____ SLEEP  ____:____ TOTAL # HRS: _____ Sleep Quality Scale poor 1 2 3 4 5 great	TARGET: _____ oz/mL ACTUAL: _____ oz/mL Other Sources ○ ○ ○	Activity Type  TARGET: _____ min. / hr. Frequency AM MID PM	<input type="checkbox"/> Veggies / Greens <input type="checkbox"/> Fish / Seafood <input type="checkbox"/> Fruits / Berries <input type="checkbox"/> Poultry / Eggs <input type="checkbox"/> Nuts / Seeds <input type="checkbox"/> Dairy / Cheese <input type="checkbox"/> Legumes <input type="checkbox"/> Healthy Fats <input type="checkbox"/> Whole Grains <input type="checkbox"/> Herbs & Spices	AM MID PM Positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Negative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MON	WAKE  ____:____ SLEEP  ____:____ TOTAL # HRS: _____ Sleep Quality Scale poor 1 2 3 4 5 great	TARGET: _____ oz/mL ACTUAL: _____ oz/mL Other Sources ○ ○ ○	Activity Type  TARGET: _____ min. / hr. Frequency AM MID PM	<input type="checkbox"/> Veggies / Greens <input type="checkbox"/> Fish / Seafood <input type="checkbox"/> Fruits / Berries <input type="checkbox"/> Poultry / Eggs <input type="checkbox"/> Nuts / Seeds <input type="checkbox"/> Dairy / Cheese <input type="checkbox"/> Legumes <input type="checkbox"/> Healthy Fats <input type="checkbox"/> Whole Grains <input type="checkbox"/> Herbs & Spices	AM MID PM Positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Negative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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THU	WAKE  ____:____ SLEEP  ____:____ TOTAL # HRS: _____ Sleep Quality Scale poor 1 2 3 4 5 great	TARGET: _____ oz/mL ACTUAL: _____ oz/mL Other Sources ○ ○ ○	Activity Type  TARGET: _____ min. / hr. Frequency AM MID PM	<input type="checkbox"/> Veggies / Greens <input type="checkbox"/> Fish / Seafood <input type="checkbox"/> Fruits / Berries <input type="checkbox"/> Poultry / Eggs <input type="checkbox"/> Nuts / Seeds <input type="checkbox"/> Dairy / Cheese <input type="checkbox"/> Legumes <input type="checkbox"/> Healthy Fats <input type="checkbox"/> Whole Grains <input type="checkbox"/> Herbs & Spices	AM MID PM Positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Negative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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SAT	WAKE  ____:____ SLEEP  ____:____ TOTAL # HRS: _____ Sleep Quality Scale poor 1 2 3 4 5 great	TARGET: _____ oz/mL ACTUAL: _____ oz/mL Other Sources ○ ○ ○	Activity Type  TARGET: _____ min. / hr. Frequency AM MID PM	<input type="checkbox"/> Veggies / Greens <input type="checkbox"/> Fish / Seafood <input type="checkbox"/> Fruits / Berries <input type="checkbox"/> Poultry / Eggs <input type="checkbox"/> Nuts / Seeds <input type="checkbox"/> Dairy / Cheese <input type="checkbox"/> Legumes <input type="checkbox"/> Healthy Fats <input type="checkbox"/> Whole Grains <input type="checkbox"/> Herbs & Spices	AM MID PM Positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Negative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

What's Your Intention This Week?

Notes