

NAME \_\_\_\_\_

Please complete the following log according to the instructions given to you by your B.E.S.T. surgical optimization team. Return the log to your team prior to your procedure.

**SUNDAY                      MONDAY                      TUESDAY                      WEDNESDAY                      THURSDAY                      FRIDAY                      SATURDAY**

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

## 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
Hours you sleep per night							

## TRAIN



# of **steps** you take each day

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

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
# of steps you take each day							
<b>Other Activities:</b> Exercise Type and Amount of Time							