Habit and Symptom Tracker: Please Fill This Out Every Night

VIBRANT Myofunctional Therapy

	M ___/___/___	T ___/___/___	W ___/___/___	TH ___/___/___	F ___/___/___	S ___/___/___	S ___/___/___
Stomach Pain/Digestive Issues							
Nasal Congestion							
Headache/Jaw Pain							
Upper Body Tension							
Other:							
Other:							
Other:							
Other:							
Tongue On the Spot	%	%	%	%	%	%	%
Nasal Breathing	%	%	%	%	%	%	%
Mouth Closed/Lips Sealed	%	%	%	%	%	%	%
Middle Of the Tongue	%	%	%	%	%	%	%

Notes:

	M ___/___/___	T ___/___/___	W ___/___/___	TH ___/___/___	F ___/___/___	S ___/___/___	S ___/___/___
Stomach Pain/Digestive Issues							
Nasal Congestion							
Headache/Jaw Pain							
Upper Body Tension							
Other:							
Other:							
Other:							
Other:							
Tongue On the Spot	%	%	%	%	%	%	%
Nasal Breathing	%	%	%	%	%	%	%
Mouth Closed/Lips Sealed	%	%	%	%	%	%	%
Middle Of the Tongue	%	%	%	%	%	%	%

Notes:

	M ___/___/___	T ___/___/___	W ___/___/___	TH ___/___/___	F ___/___/___	S ___/___/___	S ___/___/___
Stomach Pain/Digestive Issues							
Nasal Congestion							
Headache/Jaw Pain							
Upper Body Tension							
Other:							
Other:							
Other:							
Other:							
Tongue On the Spot	%	%	%	%	%	%	%
Nasal Breathing	%	%	%	%	%	%	%
Mouth Closed/Lips Sealed	%	%	%	%	%	%	%
Middle Of the Tongue	%	%	%	%	%	%	%

Notes: