

Sleep Interventions Tracking Form

Day of the week And Calendar Date	Total Hours of sleep per night	Intervention 1 to help sleep	Intervention 2 to help sleep	Energy level in A.M. (poor, fair, good, excellent)	Mental clarity in A/M. (poor, fair, good, excellent)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Supplements Log Form

Supplement	Brand	Daily Dose (mg)	Week No _____	Week No _____
Nicotinamide Riboside (NR)				
Spermidine				
Calcium Alpha Ketoglutarate				
Super Ubiquinone CoQ ₁₀				
Omega-3 Fatty Acids -EPA/DHA				
Curcumin				
Resveratrol or pterostilbene				
Multivitamins				
Vitamin D with K ₂				
Quercetin				
Fisetin				
Berberine				

Chronic Stress relief Interventions Tracking Form

Day And Calendar date When applied	Intervention 1 to lower stress	Intervention 2 to lower stress	Intervention 3 to lower stress	Body tension, Anxiety Score 0-10 (10 represents very high) Before and After Intervention	Mood , interest in enjoyable activities like hobbies (0-10) (0 is very bad mood) Before and After Intervention	Mental Concentration, Ability to Control negative Thoughts (0-10)	Difference before and after (higher the number, more effective interventio ns)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							