

7-OH Recovery Daily Tracker

The 7-OH Recovery Project | 7OHRecoveryProject.org

v1.0 — April 16, 2026

Name: _____

Week #: _____

Start Date: _____

Track daily. Patterns emerge by week 2. Share with your doctor if you have one. Rate items 1-10 (1 = worst, 10 = best).

Metric	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Sleep Quality (1-10)							
Sleep Hours							
Withdrawal Symptoms (1-10)							
Energy (1-10)							
Mood (1-10)							
Cravings (1-10)							
Supplements (Y/N)							
Exercise (Y/N + min)							
Notes							

Rating Guide: 1 = severe/worst → 5 = moderate → 10 = best/none. For Withdrawal Symptoms and Cravings: 10 means no symptoms/cravings.

This is not medical advice. If you are in a medical emergency, call 911.

Crisis Support: 988 Suicide & Crisis Lifeline | SAMHSA: 1-800-662-4357

The 7-OH Recovery Project — Free science. Real plan. No judgment.

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