

Micro-Win Movement Challenge

Let's keep it simple: Start with 5 minutes a day of gentle movement for 7 days.
This challenge is about consistency, not perfection.
Your body responds to regular love, not pressure.



Challenge yourself to:

- Walk after a meal
- Do a short yoga video
- Stretch while watching TV - before bedtime
- Dance to your favorite song
- Listen to your body and adjust as needed



No competition here, just you and a **new you!**

Each day, jot down how you moved and how you felt:

DAY	MOVEMENT TYPE	DURATION	HOW I FELT	NOTES/THOUGHTS
1				
2				
3				
4				
5				
6				
7				

DAILY LUPUS LIFESTYLE & SYMPTOM TRACKER



DATE: _____

QUICK CHECK-IN (YES= ANY SYMPTOM TODAY):

☐ Fatigue ☐ Joint pain ☐ Swelling ☐ Brain fog ☐ Rash

1 SLEEP & STRESS:

Sleep: _____ hrs Quality: ☐ Great ☐ Okay ☐ Poor

Stress Level: _____ Minutes: _____

2 MOVEMENT

Moved Today? ☐ Yes ☐ No Type: _____ Minutes: _____

3 FOOD & HYDRATION

Meals included: ☐ Anti-inflammatory ☐ Processed/Sugary ☐ Gluten/Dairy

Water intake: _____ oz

4 SYMPTOMS & SEVERITY (0 NONE- 5 SEVERE)

	0	1	2	3	4	5
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Join Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain Fog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash/Skin Flares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Today I'm proud of: _____

