1. Daily Log
   Date: _____
   Compound: _____
   Dosage: _____
   Administration Method: _____
   Time Taken: _____

Objective Measures:
Weight: _____
Blood Pressure: _____
Heart Rate: _____
Subjective Measures (Rate 1-10):
Energy Level: _____
Mood: _____
Mental Clarity: _____
Sleep Quality: _____
Appetite: _____
Notes: _____

2. Weekly Summary
   Week of: _____
   Average Weight: _____
   Average Blood Pressure: _____
   Average Heart Rate: _____

Overall Energy Level: _____
Overall Mood: _____
Overall Mental Clarity: _____
Overall Sleep Quality: _____
Overall Appetite: _____
Notable Changes or Observations: _____

3. Monthly Progress Tracker
   Month: _____
   Starting Weight: _____
   Ending Weight: _____
   Net Change: _____

Key Improvements: _____
Areas of Concern: _____

4. Side Effect Monitoring
   Date: _____
   Side Effect: _____
   Severity (1-10): _____
   Duration: _____
   Actions Taken: _____

5. Protocol Adjustments
   Date: _____
   Adjustment Made: _____
   Reason for Adjustment: _____
   Observed Effects: _____