

Data Tracking Workbook for day-to-day activities

by
IdeaTalent LLC

(www.IdeaTalent.com)

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Data Tracking Workbook for day-to-day activities

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Please visit us at www.IdeaTalent.com for many software downloads and online data tracking applications.

**Software downloads for data storage on computer or storage online are available on
www.IdeaTalent.com**

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Foreword

There is a lot of data being generated from day-to-day activities like Health Records, Home maintenance records, Car servicing records, passwords and userids, kids activities, Job search data, weekly task logs, Sales and marketing information etc. Most of this data is stored by people using a very fragmented approach by writing on pieces of paper or by storing in various software applications with different interfaces and formats.

This workbook provides a path to storing all data in an integrated fashion by writing data in the pre-formatted templates provided in the following pages. The user can then graduate to storing data in equivalent software applications on their computers and eventually move to storing data online in equivalent applications, if they should so choose. All software applications and online password protected storage accounts are available from our website www.IdeaTalent.com .

Towards the end of this workbook, we provide 5 custom data storage templates that can be filled out for any specific user needs. These can then be converted into equivalent software applications by requesting them on www.IdeaTalent.com/create_app.aspx .

Free gift worth \$18 on purchase of this book. We will provide you with a subscription for use of unlimited applications for online data storage for 6 months (\$18 value) on our website www.IdeaTalent.com . Please email us at CustomerService@IdeaTalent.com and mention that you want the \$18 free gift and we will send you instructions on how to redeem the free gift.

So, start entering your data in the following pages and hope that you start using our PC applications and Internet applications for easy access to your personal information in an organized fashion.

DeskTop Health Records

ID	IR #	Patient Name	Date Symptom Started	Symptom Name	Symptom Description	Date Symptom Ended	Date of Visit	Doctor Name	Type of Doctor	Doctors Phone Number	Doctors Location	Drugs prescribed	Referred to Specialist Info	Other Info	Comments
	1														
	2														
	3														
	4														
	5														
	6														
	7														
	8														
	9														
	10														

D H R #	Patient Name	Date Symptom Started	Symptom Name	Symptom Description	Date Symptom Ended	Date of Visit	Doctor Name	Type of Doctor	Doctors Phone Number	Doctors Location	Drugs prescribed	Referred to Specialist Info	Other Info	Comments
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														

D H R #	Patient Name	Date Symptom Started	Symptom Name	Symptom Description	Date Symptom Ended	Date of Visit	Doctor Name	Type of Doctor	Doctors Phone Number	Doctors Location	Drugs prescribed	Referred to Specialist Info	Other Info	Comments
23														
24														
25														
26														
27														
28														
29														
30														
31														
32														
33														
34														

D H R #	Patient Name	Date Symptom Started	Symptom Name	Symptom Description	Date Symptom Ended	Date of Visit	Doctor Name	Type of Doctor	Doctors Phone Number	Doctors Location	Drugs prescribed	Referred to Specialist Info	Other Info	Comments
35														
36														
37														
38														
39														
40														

Home Maintenance Recordkeeping

H M R #	Type of Maintenance	Date of Event	Who fixed problem - Company Name	Description of problem	Address of Company	Name of Technician	Phone Number of Company	Cost to fix	Rating of work	Recommend to friends	Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

H M R #	Type of Maintenance	Date of Event	Who fixed problem - Company Name	Description of problem	Address of Company	Name of Technician	Phone Number of Company	Cost to fix	Rating of work	Recommend to friends	Comments
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											

H M R #	Type of Maintenance	Date of Event	Who fixed problem - Company Name	Description of problem	Address of Company	Name of Technician	Phone Number of Company	Cost to fix	Rating of work	Recommend to friends	Comments
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											

H M R #	Type of Maintenance	Date of Event	Who fixed problem - Company Name	Description of problem	Address of Company	Name of Technician	Phone Number of Company	Cost to fix	Rating of work	Recommend to friends	Comments
36											
37											
38											
39											
40											

Car Servicing Catalog

C S C #	Car Name - Year - Make - Model	Date of Servicing	Type of Servicing	Serviced at - Company Name	Serviced By - Person Name	Car Miles	Address and Phone of Company	Cost	Rating of Work	Recommend to friends	Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

C	S	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
#	Car Name - Year - Make - Model	Date of Servicing	Type of Servicing	Serviced at - Company Name	Serviced By - Person Name	Car Miles	Address and Phone of Company	Cost	Rating of Work	Recommend to friends	Comments							
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		

C	S	Car Name - Year - Make - Model	Date of Servicing	Type of Servicing	Serviced at - Company Name	Serviced By - Person Name	Car Miles	Address and Phone of Company	Cost	Rating of Work	Recommend to friends	Comments
		24										
		25										
		26										
		27										
		28										
		29										
		30										
		31										
		32										
		33										
		34										
		35										

C S C #	Car Name - Year - Make - Model	Date of Servicing	Type of Servicing	Serviced at - Company Name	Serviced By - Person Name	Car Miles	Address and Phone of Company	Cost	Rating of Work	Recommend to friends	Comments
36											
37											
38											
39											
40											

Travel Log

T L S #	Traveled to place	Start Date of Travel	Names of people who traveled	End date of Travel	Traveled by - car - airline name	Traveled from place	Hotel name and phone number	Recommend hotel to friends	Cost of trip	Memorable events	Other Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

T L S #	Traveled to place	Start Date of Travel	Names of people who traveled	End date of Travel	Traveled by - car - airline name	Traveled from place	Hotel name and phone number	Recommend hotel to friends	Cost of trip	Memorable events	Other Comments
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											

T L S #	Traveled to place	Start Date of Travel	Names of people who traveled	End date of Travel	Traveled by - car - airline name	Traveled from place	Hotel name and phone number	Recommend hotel to friends	Cost of trip	Memorable events	Other Comments
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											

T L S #	Traveled to place	Start Date of Travel	Names of people who traveled	End date of Travel	Traveled by - car - airline name	Traveled from place	Hotel name and phone number	Recommend hotel to friends	Cost of trip	Memorable events	Other Comments
36											
37											
38											
39											
40											

Friends addresses and directions Tracker

F A D #	Name of friend	Address	Last visited	Phone		Email id	Distance from my house	Names of spouse and children	Works at company	Birthdays	Common Interests	Directions as sent by friend	Landmarks to note
					numbers								
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													

F A D #	Name of friend	Address	Last visited	Phone numbers	Email id	Distance from my house	Names of spouse and children	Works at company	Birthdays	Common Interests	Directions as sent by friend	Landmarks to note
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												

F A D #	Name of friend	Address	Last visited	Phone numbers	Email id	Distance from my house	Names of spouse and children	Works at company	Birthdays	Common Interests	Directions as sent by friend	Landmarks to note
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												

F A D #	Name of friend	Address	Last visited	Phone numbers	Email id	Distance from my house	Names of spouse and children	Works at company	Birthdays	Common Interests	Directions as sent by friend	Landmarks to note
36												
37												
38												
39												
40												

Passwords Info Recordkeeping

PIR #	Account Name	Account Website URL	Account User/Id	Password	Security Q and A	Date last set	PIN	Any other security Info	Email/Id used on Account	Comments
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										

P I R #	Account Name	Account Website URL	Account User Id	Password	Security Q and A	Date last set	PIN	Any other security Info	EmailId used on Account	Comments
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										

PIR #	Account Name	Account Website URL	Account User Id	Password	Security Q and A	Date last set	PIN	Any other security Info	EmailId used on Account	Comments
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										

PIR #	Account Name	Account Website URL	Account User Id	Password	Security Q and A	Date last set	PIN	Any other security Info	EmailId used on Account	Comments
36										
37										
38										
39										
40										

Student Coursework Tracker

S C T #	Year or Grade	Course Name	Assignment name	Teacher name	Deadline	Status	Related material Information (websites etc)	Issues to resolve	Discuss with	Books to refer	Save Information	Comments
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

S C T #	Year or Grade	Course Name	Assignment name	Teacher name	Deadline	Status	Related material Information (websites etc)	Issues to resolve	Discuss with	Books to refer	Save Information	Comments
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												

S C T #	Year or Grade	Course Name	Assignment name	Teacher name	Deadline	Status	Related material Information (websites etc)	Issues to resolve	Discuss with	Books to refer	Save Information	Comments
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												

SCT #	Year or Grade	Course Name	Assignment name	Teacher name	Deadline	Status	Related material Information (websites etc)	Issues to resolve	Discuss with	Books to refer	Save Information	Comments
33												
34												
35												
36												
37												
38												
39												
40												

Stock Info Tracker

S I T #	Ticker	Company Name	Event at the Company	Company location and website	Business type	Stock price today	Who referred this stock	Why did they refer it	My interest level on a scale of 10	Why does it interest me	Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

S I T #	Ticker	Company Name	Event at the Company	Company location and website	Business type	Stock price today	Who referred this stock	Why did they refer it	My interest level on a scale of 10	Why does it interest me	Comments
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											

S I T #	Ticker	Company Name	Event at the Company	Company location and website	Business type	Stock price today	Who referred this stock	Why did they refer it	My interest level on a scale of 10	Why does it interest me	Comments
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											

S I T #	Ticker	Company Name	Event at the Company	Company location and website	Business type	Stock price today	Who referred this stock	Why did they refer it	My interest level on a scale of 10	Why does it interest me	Comments
34											
35											
36											
37											
38											
39											
40											

Suspected Allergy Tracking

S A T #	Suspected allergen	Symptom Description	Severity	First time or repeat	Date and time of event	Other possible causes for the allergic reaction	Symptom lasted for	Drugs or healing process	Information sources	Urgent contact Info	Cause and effect reasoning	Comments
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

S A T #	Suspected allergen	Symptom Description	Severity	First time or repeat	Date and time of event	Other possible causes for the allergic reaction	Symptom lasted for	Drugs or healing process	Information sources	Urgent contact Info	Cause and effect reasoning	Comments
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												

S A T #	Suspected allergen	Symptom Description	Severity	First time or repeat	Date and time of event	Other possible causes for the allergic reaction	Symptom lasted for	Drugs or healing process	Information sources	Urgent contact Info	Cause and effect reasoning	Comments
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												

S A T #	Suspected allergen	Symptom Description	Severity	First time or repeat	Date and time of event	Other possible causes for the allergic reaction	Symptom lasted for	Drugs or healing process	Information sources	Urgent contact Info	Cause and effect reasoning	Comments
33												
34												
35												
36												
37												
38												
39												
40												

Restaurant Impressions Recordkeeping

RI #	Restaurant Name	Location	My Rating	Total Cost for visit	Service rating	Food rating	Recommended by	Date of Visit	Special menu items	Items I disliked	Visit again or not	Recommend to friends	Information from Zagat or other source	Comments
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														

R I R #	Restaurant Name	Location	My Rating	Total Cost for visit	Service rating	Food rating	Recommended by	Date of Visit	Special menu items	Items I disliked	Visit again or not	Recommend to friends	Information from Zagat / other source	Comments
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														

R I R #	Restaurant Name	Location	My Rating	Total Cost for visit	Service rating	Food rating	Recommended by	Date of Visit	Special menu items	Items I disliked	Visit again or not	Recommend to friends	Information from Zagat / other source	Comments
23														
24														
25														
26														
27														
28														
29														
30														
31														
32														
33														

R I R #	Restaurant Name	Location	My Rating	Total Cost for visit	Service rating	Food rating	Recommended by	Date of Visit	Special menu items	Items I disliked	Visit again or not	Recommend to friends	Information from Zagat / other source	Comments
34														
35														
36														
37														
38														
39														
40														

Job Opportunities Recordkeeping

J O R #	Company Name	Job Title	Applied or not	Job Location	Source of Information	Date of Information	Job Salary	Phone Number and emailid	People I know at company	Date Resume sent	My Interest level	Job Description	Cover letter	Comments
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														

J O R #	Company Name	Job Title	Applied or not	Job Location	Source of Information	Date of Information	Job Salary	Phone Number and emailid	People I know at company	Date Resume sent	My Interest level	Job Description	Cover letter	Comments
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														

J O R #	Company Name	Job Title	Applied or not	Job Location	Source of Information	Date of Information	Job Salary	Phone Number and emailid	People I know at company	Date Resume sent	My Interest level	Job Description	Cover letter	Comments
24														
25														
26														
27														
28														
29														
30														
31														
32														
33														
34														
35														

J O R #	Company Name	Job Title	Applied or not	Job Location	Source of Information	Date of Information	Job Salary	Phone Number and emailid	People I know at company	Date Resume sent	My Interest level	Job Description	Cover letter	Comments
36														
37														
38														
39														
40														

Networking Info Recordkeeping

NIR #	Name of Networking Contact	Mode of contact and location	Describe contacts relevance	How do I know this contact	Contact phone number and email	Notes from conversation	Description of their role and company	My comments on followup
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

N I R #	Name of Networking Contact	Mode of contact and location	Describe contacts relevance	How do I know this contact	Contact phone number and email	Notes from conversation	Description of their role and company	My comments on followup
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								

N I R #	Name of Networking Contact	Mode of contact and location	Describe contacts relevance	How do I know this contact	Contact phone number and email	Notes from conversation	Description of their role and company	My comments on followup
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								

N I R #	Name of Networking Contact	Mode of contact and location	Describe contacts relevance	How do I know this contact	Contact phone number and email	Notes from conversation	Description of their role and company	My comments on followup
36								
37								
38								
39								
40								

Retirement Savings Account Info

R S A #	Account Name	Account Type	Account website and location	Account value	Account number	Beneficiary Details	PIN or password	Source of money	Phone number of company	Money in which Mutual funds or stock	Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

R S A #	Account Name	Account Type	Account website and location	Account value	Account number	Beneficiary Details	PIN or password	Source of money	Phone number of company	Money in which Mutual funds or stock	Comments
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											

R S A #	Account Name	Account Type	Account website and location	Account value	Account number	Beneficiary Details	PIN or password	Source of money	Phone number of company	Money in which Mutual funds or stock	Comments
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											

R S A #	Account Name	Account Type	Account website and location	Account value	Account number	Beneficiary Details	PIN or password	Source of money	Phone number of company	Money in which Mutual funds or stock	Comments
36											
37											
38											
39											
40											

Outstanding Debt Tracker

O D T #	Debt Name	Debt Type	Debt website and contact Info	Debt Amount	Debt since date	Debt already paid	Target date to pay in full	Interest Rate	Min Monthly Payment	Contact phone number	Strategy to pay debt off	Comments
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												

O D T #	Debt Name	Debt Type	Debt website and contact Info	Debt Amount outstanding	Debt since date	Debt already paid	Target date to pay in full	Interest Rate	Min Monthly Payment	Contact phone number	Strategy to pay debt off	Comments
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												

O D T #	Debt Name	Debt Type	Debt website and contact Info	Debt Amount outstanding	Debt since date	Debt already paid	Target date to pay in full	Interest Rate	Min Monthly Payment	Contact phone number	Strategy to pay debt off	Comments
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												

O D T #	Debt Name	Debt Type	Debt website and contact Info	Debt Amount	Debt since date	Debt already paid	Target date to pay in full	Interest Rate	Min Monthly Payment	Contact phone number	Strategy to pay debt off	Comments
36												
37												
38												
39												
40												

Weight and Exercise Recordkeeping

WEIR #	Date of recording	Reason to record	Weight	Weekly exercise count	Diet Control criteria	Problems with exercising	Type of workout	Strategy to lose weight	Comments
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

WEIR #	Date of recording	Reason to record	Weight	Weekly exercise count	Diet Control criteria	Problems with exercising	Type of workout	Strategy to lose weight	Comments
	12								
	13								
	14								
	15								
	16								
	17								
	18								
	19								
	20								
	21								
	22								
	23								

WEIR #	Date of recording	Reason to record	Weight	Weekly exercise count	Diet Control criteria	Problems with exercising	Type of workout	Strategy to lose weight	Comments
	24								
	25								
	26								
	27								
	28								
	29								
	30								
	31								
	32								
	33								
	34								
	35								

WEIR #	Date of recording	Reason to record	Weight	Weekly exercise count	Diet Control criteria	Problems with exercising	Type of workout	Strategy to lose weight	Comments
36									
37									
38									
39									
40									

Kids Activities Recordkeeping

K A R #	Date of Activity	Type of Activity	Location	Kid Name	Schedule details	Cost for activity	Date Ending	Stuff to buy for activity	Contact Info of coach or organizer	Time commitment	Notes for Management	Comments
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												

K A R #	Date of Activity	Type of Activity	Location	Kid Name	Schedule details	Cost for activity	Date Ending	Stuff to buy for activity	Contact Info of coach or organizer	Time commitment	Notes for Management	Comments
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												

K A R #	Date of Activity	Type of Activity	Location	Kid Name	Schedule details	Cost for activity	Date Ending	Stuff to buy for activity	Contact Info of coach or organizer	Time commitment	Notes for Management	Comments
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												

KAR #	Date of Activity	Type of Activity	Location	Kid Name	Schedule details	Cost for activity	Date Ending	Stuff to buy for activity	Contact Info of coach or organizer	Time commitment of time	Notes for Management	Comments
36												
37												
38												
39												
40												

C D T I #													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													

C D T 2 #													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													

C D T 4 #													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													

C D T 4 #														
24														
25														
26														
27														
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29														
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34														
35														

