

Weather:       _____

Pollen Count: _____

Date: ____/____/____ M T W Th F Sa Su









Daily Record

Sleep Tracker: Bed time: _____ Wake time: _____ Feel rested upon waking? _____ Did you take a sleep aid? _____ What did you do before bed? (TV, read, phone...) _____ How long did it take you to fall asleep? _____ How many times did you wake up? _____ Why did you wake up? (bathroom, pain, thirsty...) _____ Night sweats? _____ Total hours slept: _____ Naps (time & duration): _____

Complete chart: s=sleep; a=awake

8pm	9pm	10pm	11pm	12pm	1am	2am	3am	4am	5am	6am	7am	8am	9am

How was your appetite? _____

Water Intake	       
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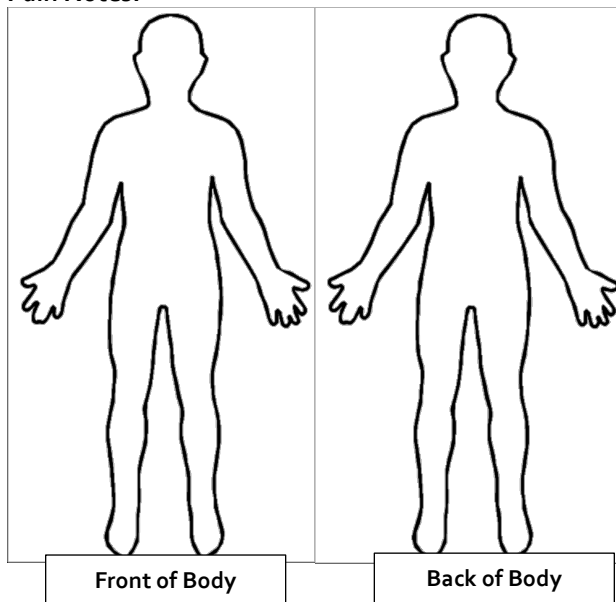
Breakfast (Time _____)	Lunch (Time _____)	Dinner (Time _____)	Snacks (Note Times)

AM Blood Sugar: _____	AM Blood Pressure: _____	PM Blood Sugar: _____	PM Blood Pressure: _____
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Special Food Notes: _____

Exercise	Minutes/Reps	Notes

Pain Notes:



Sequentially number where you feel pain. Below, list the number and rate it on scale of 1 -10. Note time of onset, duration, quality of pain (burning, stabbing...), after a particular activity, and if anything helped it. **See page 40.**

Any medication/supplement changes today?

Overall: Poor ←-----→ Good

PRN		Added		Removed	
Medication	Dosage	Medication/Supplement	Dosage	Medication/Supplement	Dosage

Weight: _____ Body Temp am: _____ Body Temp pm: _____

Body Symptoms (Note time of onset) See page 53.

Ears / Eyes / Nose	
Mouth / Throat	
Head / Neck	
Body: Shoulders / Arms / Hands	
Back / Hips	
Legs / Feet	
Heart / Circulatory / Respiratory	
Digestive / Elimination	
Male / Female Organs	
Skin	
Cognitive / Behavior / Mood	
Sleep / Rest	
Other	

Nicotine? _____ Alcohol? _____ Caffeine? _____

(Please note type and amount.)

- Complete chart s=sleep; a=awake
- Shower? _____
- Dress? _____
- Leave the house? _____ For how long? _____
- Pursue a hobby? _____

I am grateful for:

Energy Tracker - Scale of 1 (low)-10 (high)

6-9am 1 ←-----→ 10

Notes: _____

9-12am 1 ←-----→ 10

Notes: _____

12-3pm 1 ←-----→ 10

Notes: _____

3-6pm 1 ←-----→ 10

Notes: _____

6-10pm 1 ←-----→ 10

Notes: _____

Symptom Triggers? (Emotional, situational, physical, environmental irritants)

List any health factors/practices that you engaged in. See page 70.

Moon Phase: ○ ◐ ◑ ☾

Other notes: