

## Daily Diet & Symptom Tracker – Sjögren's Syndrome Support

### Day 1

Date: \_\_\_\_\_

#### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

#### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

☐ **Daily Reflections**

- What foods made you feel good today?

➤ \_\_\_\_\_

- Any symptoms triggered after a specific meal?

➤ \_\_\_\_\_

- What can you improve tomorrow (hydration, meal timing, etc.)?

➤ \_\_\_\_\_

## Day 2

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

### Day 3

Date: \_\_\_\_\_

#### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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#### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

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#### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

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#### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 4

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_



## Day 5

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)

Total Water Intake Today: \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 6

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 7

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 8

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?

➤ \_\_\_\_\_

- Any symptoms triggered after a specific meal?

➤ \_\_\_\_\_

- What can you improve tomorrow (hydration, meal timing, etc.)?

➤ \_\_\_\_\_



## Day 9

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 10

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?

➤ \_\_\_\_\_

- Any symptoms triggered after a specific meal?

➤ \_\_\_\_\_

- What can you improve tomorrow (hydration, meal timing, etc.)?

➤ \_\_\_\_\_

## Day 11

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 12

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_



## Day 13

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 14

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 15

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?

➤ \_\_\_\_\_

- Any symptoms triggered after a specific meal?

➤ \_\_\_\_\_

- What can you improve tomorrow (hydration, meal timing, etc.)?

➤ \_\_\_\_\_

## Day 16

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_



## Day 17

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)

Total Water Intake Today: \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 18

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)

Total Water Intake Today: \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 19

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)

Total Water Intake Today: \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?

➤ \_\_\_\_\_

- Any symptoms triggered after a specific meal?

➤ \_\_\_\_\_

- What can you improve tomorrow (hydration, meal timing, etc.)?

➤ \_\_\_\_\_

## Day 20

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)

Total Water Intake Today: \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?

➤ \_\_\_\_\_

- Any symptoms triggered after a specific meal?

➤ \_\_\_\_\_

- What can you improve tomorrow (hydration, meal timing, etc.)?

➤ \_\_\_\_\_



## Day 21

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 22

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)

Total Water Intake Today: \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?

➤ \_\_\_\_\_

- Any symptoms triggered after a specific meal?

➤ \_\_\_\_\_

- What can you improve tomorrow (hydration, meal timing, etc.)?

➤ \_\_\_\_\_

## Day 23

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)

Total Water Intake Today: \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 24

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_



## Day 25

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)

Total Water Intake Today: \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 26

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?

➤ \_\_\_\_\_

- Any symptoms triggered after a specific meal?

➤ \_\_\_\_\_

- What can you improve tomorrow (hydration, meal timing, etc.)?

➤ \_\_\_\_\_

## Day 27

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

**Day 28**

**Date:** \_\_\_\_\_

☐ **Meals & Snacks**

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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☐ **Hydration Tracker**

*Target: 8–10 cups per day (adjust per individual needs)*

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

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☐ **Symptom Check-In**

*Rate your symptoms on a scale of 1 (low) to 5 (severe)*

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

---

☐ **Daily Reflections**

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_



## Day 29

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

## Day 30

Date: \_\_\_\_\_

### ☐ Meals & Snacks

Time	Meal	What I Ate	Hydrating? (✓)	Easy to Chew? (✓)	Anti-Inflammatory? (✓)
7–9am	Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10–11am	Morning Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12–2pm	Lunch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3–4pm	Afternoon Snack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6–8pm	Dinner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8–9pm	Evening Snack (optional)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ☐ Hydration Tracker

Target: 8–10 cups per day (adjust per individual needs)

**Beverage Time Amount (oz/ml) Notes (e.g., added lemon/mint)**

**Total Water Intake Today:** \_\_\_\_\_

### ☐ Symptom Check-In

Rate your symptoms on a scale of 1 (low) to 5 (severe)

Symptom	Rating (1–5)	Notes (Triggers? Relief?)
Dry Mouth		
Dry Eyes		
Fatigue		
Joint Pain		
Brain Fog		
Digestive Discomfort		
Mood/Stress		

### ☐ Daily Reflections

- What foods made you feel good today?  
➤ \_\_\_\_\_
- Any symptoms triggered after a specific meal?  
➤ \_\_\_\_\_
- What can you improve tomorrow (hydration, meal timing, etc.)?  
➤ \_\_\_\_\_

