

Date:



Sleep  Food  Medicine  Anxiety

Pain  Mental  Bowel  Energy



Physical Symptoms (1 - Low 10 - High) ( Stools 1 Constipated - 10 Loose)

Morning	<input type="radio"/>	Sleep	<input type="radio"/>
Afternoon	<input type="radio"/>	Fatigue	<input type="radio"/>
Evening	<input type="radio"/>	Weakness	<input type="radio"/>
Stools	<input type="radio"/>	Urination	<input type="radio"/>
Dizziness	<input type="radio"/>	Appetite	<input type="radio"/>



Mental, Emotional & Cognitive

Thinking Ability	<input type="radio"/>	Depressed	<input type="radio"/>
Anxiety	<input type="radio"/>	Irritable	<input type="radio"/>
Anger	<input type="radio"/>	Happiness	<input type="radio"/>



Medicine Taken 

Food Journal 

Self Care 

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Dizziness	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Appetite	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>



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Anger	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Happiness	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>



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