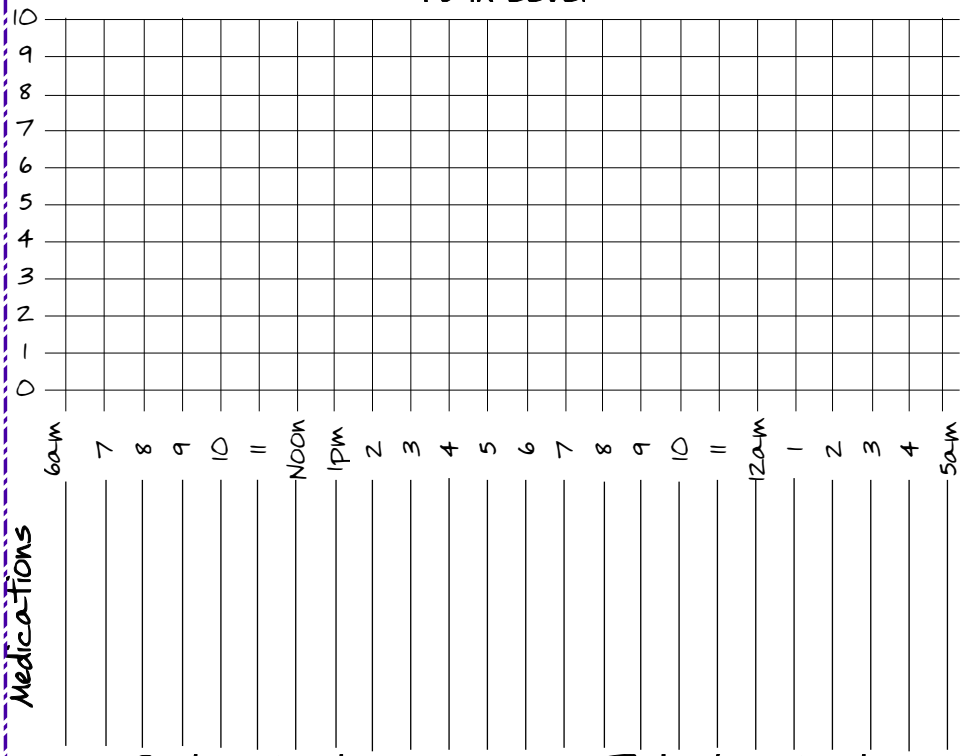
Date:
Day:

Activities/Events

Time	Comments

Pain Level



Food Diary

Use the two columns to track any nutritional values (i.e. calories, protein, fat, etc.)

Breakfast	A	B

Lunch		

Dinner		

Snacks		
Totals		

H_2O (circle) 1 1 1 1 1 1 1 1
More than 8? Bonus! 1 1 1 1

Rate Symptoms

Energy (1–10)
AM _____ Noon _____ PM _____

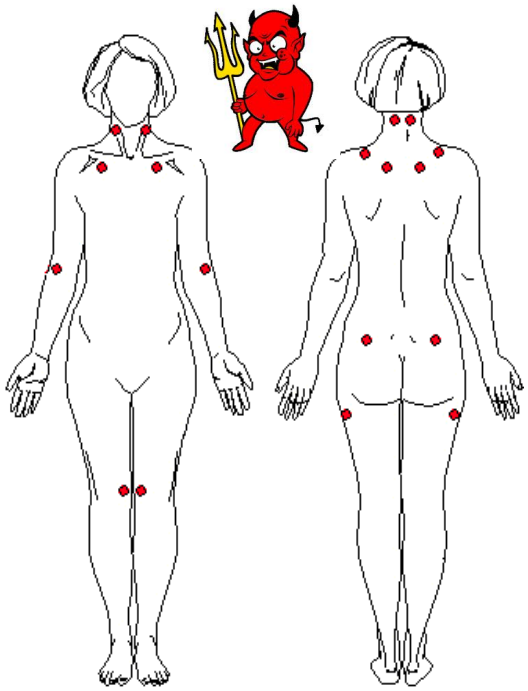
Fatigue (1–10)
AM _____ Noon _____ PM _____

Brain Fog (1–10)
AM _____ Noon _____ PM _____

IBS (1–10)
AM _____ Noon _____ PM _____

PMS Y N Menstrual Cycle Y N

Bowel Movement Y N



Today's Symptoms

Pain

Fogginess/Memory

Poor Sleep

Depression/Mood Changes

Eyes/Light sensitivity

Abdominal Pain (IBS)

Dizzy/Veritigo/Balance

Headache

Joint Pain

Lymph Node Tenderness

Sore Throat/Fever

Other

Physical Activity

	Hrs	Mins
Housework		
Shopping		
Standing		
Driving		
Walking		
Cooking		
Other (specify):		
Exercise (specify):		