

DATE: \_\_\_\_\_

DAY OF CYCLE\* : \_\_\_\_\_

*2 Pages to complete each day*

*\* Day 1 = start of period*

**DIET**

<b>Breakfast</b>	<b>Time:</b>	
Liquid	Food	Brand

<b>Lunch</b>	<b>Time:</b>	
Liquid	Food	Brand

<b>Snack</b>	<b>Time:</b>	
Liquid	Food	Brand

<b>Dinner</b>	<b>Time:</b>	
Liquid	Food	Brand

<b>After Dinner Snack</b>	<b>Time:</b>	
Liquid	Food	Brand

## EXERCISE

	WALKING	BIKING	SWIMMING	GYM	PILATES	AEROBIC	SPINNING	YOGA	RUNNING
Amount of Time Spent									

ADDITIONAL MOVEMENT/PHYSICAL ACTIVITIES \_\_\_\_\_

## SUPPLEMENTS

	AM	PM	Other
Supplements			
Hormones			
Medications			

## LIFESTYLE (Circle as many as apply)

Work/School	Great	Satisfying	Rewarding	Exciting	Stressful	Boring	Terrible	N/A
Relationships	Great	Satisfying	Rewarding	Exciting	Stressful	Boring	Terrible	N/A
Mood	Great	OK	Irritable	Anxious	Annoyed	Flat	Bad	Other

Sleep (# of Hours)	Continuous	# of Hours:	Interrupted	# of Hours:
Stress Level (1-5)	1 = least stressful, 5 = most stressful			
Overall Rating of the Day (1-5)	1 = terrible day, 5 = great day			

## SYMPTOMS:

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NOTES: **Focus on the Positive!** - What positive things did you accomplish today?

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