

LIFESTYLE DIARY

Date: Time woke up_____ How do I feel?

Tired Energetic Stiff, Where?

Coated tongue Yes/No Flexible/tight where?

Bowel movement/time Describe it briefly

Breakfast time_____ What did you eat?

How do I feel after I ate this meal?

Supplements/medications

Between breakfast and lunch, drinks/snacks

Lunch Time_____ What did you eat?

How do I feel after I ate this meal?

Between lunch and dinner, drinks/snacks

Dinner, Time_____ What did you eat?

How do I feel after I ate this meal?

Between dinner and bed, drinks/snacks

Exercise (what type, for how long and how did you feel)

How did you feel today, emotionally?
Physically?

Bed time_____

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* None of the suggestions on this website are recommended to treat or diagnose any disease. If you seek medical care, please do so from your physician.