

Daily Journal

Date: _____

Sleep _____ to _____

Times Awake: _____
Why: _____

Meal	Time	What	Amt. Sugar	Feeling during/after



Cravings	Time	ate something?	Amt. Sugar	Feeling during/after

Substances (alcohol etc)	Time	Feeling during/after	Day in Cycle	Symptoms

Medications Supplements	Time	Where is Men in Cycle	Self Care (exercise etc)	Time	Feeling during/after

How are your emotions?	Energy Level	Symptoms	Time	Symptoms	Time