Date:
Day #:

Water: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Coffee:** ☐☐ **Lemon H2O:** ☐☐☐☐ **GT**: ☐☐

Movement:

- ❏ Yoga _____
- ❏ Bouncing _____
- ❏ Walk _____
- ❏ Steps _____

Mental, Magic, Meditation, Whatever:

- ❏ _____ ☐ _____
- ❏ _____ ☐ _____
- ❏ _____ ☐ _____

Supplements, etc

- ❏ Selenium ☐ Zinc ☐ Magnesium ☐ Vit D
- ❏ Psyllium ☐ Vit C ☐ Turmeric ☐ probiotic
- ❏ GSE ☐ DSF ☐ NAC ☐ Daily Stress
- ❏ Lion's Mane ☐ Reishi ☐ CP ☐ BSO
- ❏ ☐ progesterone day ____

Meds

- ❏ NDT AM____ PM_____
- ❏ T3 AM____ PM_____
- ❏ LDN

Food

Breakfast _____	**Lunch** _____	**Snack** _____	**Dinner** _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

_____ _____ _____ _____
_____ _____ _____

Tarot: _____

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How I feel/Reflection:

_____
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_____

Symptoms:

- ❏ HR:
- ❏ BP:
- ❏ Weight:
- ❏ Temp:

❏ Fatigue	☐ brain fog	☐ headache	☐ SOB
❏ Edema	☐ nausea	☐ indigestion	☐ tachycardia
❏ Psoriasis	☐ joint pain	☐ sores on tongue	☐ insomnia
❏	☐	☐	☐

Notes:

_____
_____
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Sleep Score:
Readiness: