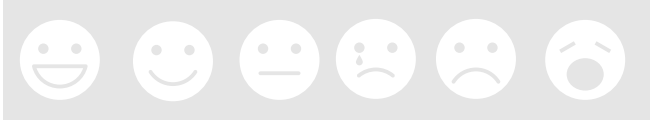


Health Journal

Date:

TODAY I FELT - MOOD



WHAT I ATE (BE SPECIFIC)

BREAKFAST

LUNCH

SUPPER:

SNACKS

I FELT...

WELL

☐ ☐ ☐ ☐ ☐ ☐ ☐

NOT WELL

SLEEP

DID NOT

SLEEP AT ALL

☐ ☐ ☐ ☐ ☐ ☐ ☐

ASLEEP

WITHIN 15 MIN

ACTIVITY

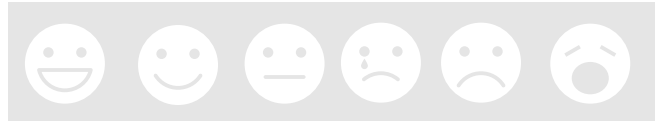
SYMPTOMS (BE SPECIFIC NOTE TIME)

TIME AND SYMPTOM:

BOWEL MOVEMENT(S)

Date:

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WITHIN 15 MIN

ACTIVITY

SYMPTOMS (BE SPECIFIC NOTE TIME)

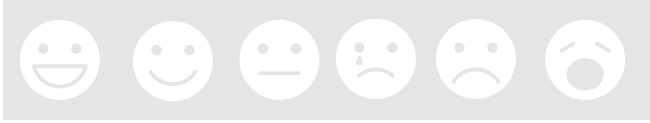
TIME AND SYMPTOM:

BOWEL MOVEMENT(S)

Health Journal

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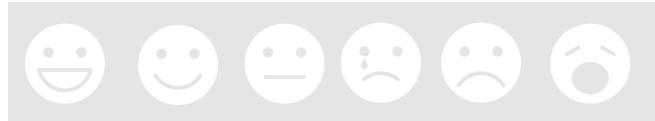
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TIME AND SYMPTOM:

BOWEL MOVEMENT(S)
