



FARE THEE WELL HEALTH

TURNING FOOD FOES INTO ALLIES

Today's Date: _____

RISE n' SHINE	
Previous Night's Sleep (Duration)	
Sleep Quality	
Mood Upon Waking	
Well Rested / Still Tired (Check One)	WR / T
Symptoms Upon Waking (Describe or NA)	

DAILY WATER INTAKE									
1	2	3	4	5	6	7	8	+	

VITAMINS / SUPPLEMENTS

WEATHER / ENVIRONMENT (Check One)				
Temp.	Cloud Cover	Moisture	Air Quality	Index (If Known)
Hot	Clear	Humid	Windy	Pollen: _____
Warm	Partly Cloudy	Rainy	Smoggy	
Cool	Overcast	Snowy		
Cold				

EXERCISE	
Type	Duration

Breakfast	Qty	Time	Symptoms	Severity (1-5)	Notes
Snack	Qty	Time	Symptoms	Severity (1-5)	Notes
Lunch	Qty	Time	Symptoms	Severity (1-5)	Notes
Dinner	Qty	Time	Symptoms	Severity (1-5)	Notes

New Items Introduced (Food, Drinks, Products)	Overt Symptoms (Y/N)	If Yes, Describe

STRESS TRIGGERS

DAILY RECAP / OBSERVATIONS (E.G., GENERAL MOOD, PHYSICAL & MENTAL WELLBEING)