

Name: _____



Date: _____

	M	T	W	TH	F	S	SUN
How did my body feel when I awoke?							
(If anything other than happy face, explain. e.g., stomachache, headache, stuffy nose, itchy, sore throat, etc.)							
How was my mood when I awoke?							
(If anything other than happy face, explain.)							
Did I wake up rested/alert or sleepy?							
Will today be busy/stressful?							
If Yes, explain (Test, other school stressors)							

What's to Eat?

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

	M	T	W	TH	F	S	SUN
Did I eat anything new or unexpected? If yes, what?							
Did I eat anything with artificial coloring or flavoring? If yes, what?							
Did I exercise/play today?							
If yes, what did I do? (Run, play sports, swim, jump rope, etc.)							
How long did I play?							
Did I exercise/play indoors or outdoors?							
If outdoors, how was the weather?							
How did I feel after playing/exercising?							
What time did I hit the hay?							
Daily Summary	M	T	W	TH	F	S	SUN
How did I feel, overall?							
Was I anxious, sad, happy, sick?							
Did I eat anything I shouldn't?							
Lessons learned?							