

OBSERVATIONS:	NOTES:
Sleep (hours):	
Meals (number):	
Stress level (0–10):	
Menstruation (x):	
Weather: S(sun), O(vercast), R(ain), T(thunder):	
Noise/sounds (0–10):	
Food, changes (note below):	
SYMPTOMS (0–10)	
Fatigue/exhaustion:	<i>Other symptoms:</i>
Malaise:	
Sleep disturbance:	
Muscle twitching:	
Numbness and tingling:	
Allergy (what, write notes below):	
Concentration problems:	
Memory problems:	
Oversensitivity:	
Light:	
Noise:	
Touch:	
Smells:	
Pulse/blood pressure/shortness of breath:	
Dizziness:	
Sore throat:	
Nausea:	
Diarrhoea/constipation:	
Thirst/hunger:	
Pain/discomfort (where):	