

Seven days. A few notes.

Write what you remember. Leave gaps rather than guessing.

DAY 1 / Date: _____

Meals / drinks + times: _____

What I noticed + when: _____

Sleep / movement / other context: _____

DAY 2 / Date: _____

Meals / drinks + times: _____

What I noticed + when: _____

Sleep / movement / other context: _____

DAY 3 / Date: _____

Meals / drinks + times: _____

What I noticed + when: _____

Sleep / movement / other context: _____

DAY 4 / Date: _____

Meals / drinks + times: _____

What I noticed + when: _____

Sleep / movement / other context: _____

Keep the context together.

Continue your usual care plan. Do not change medicines or restrict foods based on this diary.

DAY 5 / Date: _____

Meals / drinks + times: _____

What I noticed + when: _____

Sleep / movement / other context: _____

DAY 6 / Date: _____

Meals / drinks + times: _____

What I noticed + when: _____

Sleep / movement / other context: _____

DAY 7 / Date: _____

Meals / drinks + times: _____

What I noticed + when: _____

Sleep / movement / other context: _____

Two questions I want to bring to my appointment

Make the appointment count.

Choose what matters to you. Share this directly with your practitioner if you wish.

1. What is bothering me most, and how does it affect my day?

2. When did it begin? Has it changed?

3. What have I tried, including medicines or supplements?

4. What would be useful to record next, and for how long?

5. What changes should prompt me to seek care sooner?

Keep your completed diary private. ANTRAM does not receive these entries.

A pattern in a diary cannot establish a cause. Do not delay needed medical care.

antram.mastical.com/resources.html