

My Daily Health Log

Date: _____

Log entries as they happen through your day. Rate energy 1–10. Note what you ate/drank, activities, symptoms, and context.

Last Night's Sleep: Bedtime _____ Wake-up Time _____ Total Hours Slept _____ Restfulness (1–10): _____

Time	Food / Drink / Activity	Energy 1–10	Symptoms	What's happening / Notes
6 AM				
7 AM				
8 AM				
9 AM				
10 AM				
11 AM				
12 PM				
1 PM				
2 PM				
3 PM				
4 PM				
5 PM				
6 PM				
7 PM				
8 PM				
9 PM				
10 PM				

Energy: 1 = exhausted, 10 = great Skip rows where nothing notable happened. Add extra rows on the back if needed.

My Daily Health Log EXAMPLE

Date: Tuesday, March 11

Log entries as they happen through your day. Rate energy 1–10. Note what you ate/drank, activities, symptoms, and context.

Last Night's Sleep: Bedtime 10:30pm Wake-up Time 6:30am Total Hours Slept ~6.5 Restfulness (1–10): 3

Time	Food / Drink / Activity	Energy 1–10	Symptoms	What's happening / Notes
6 AM				Woke up, felt rested
7 AM	Oatmeal, banana, coffee; walk 30 min	8	None	Felt great after walk
8 AM	Desk work			Productive morning
9 AM	Water	8	None	
10 AM				
11 AM		7		Getting hungry
12 PM	Pasta, bread, soda (big portion)	6		Heavy carb lunch
1 PM	Stressful meeting	3	Tired, can't focus	Hard to concentrate
2 PM	Coffee	2	Headache starting, tired	Hoping caffeine helps
3 PM	Ibuprofen 200mg	3	Headache (worse), tired	
4 PM	Water	4	Headache easing	Feeling a bit better
5 PM		5		Wrapping up work
6 PM	Light stretching	6	None	Home, feeling better
7 PM	Grilled chicken, salad	6	None	Lighter dinner helped
8 PM	Water; reading	6		Relaxing
9 PM		5		Winding down
10 PM				Bed at 10:30, fell asleep fast

Energy: 1 = exhausted, 10 = great

Skip rows where nothing notable happened. Add extra rows on the back if needed.