

Body Inventory

Date:

How many hours did I sleep? _____

OR

Bed time was: _____ Wake Time was:

Did I wake up rested? Yes No

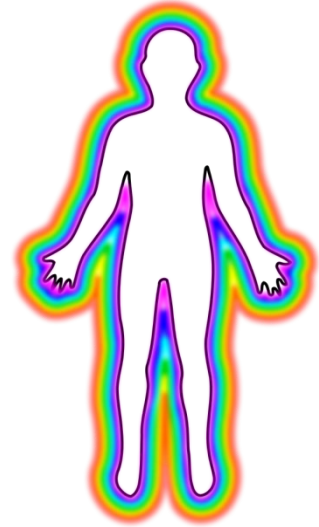
Did I take my supplements or pills? YES NO

Did I poop today? Yes NO

How many times? _____ What Time of day?

Water intake was it 64 oz? Yes NO

OR How many cups? _____



What did I eat today? Did I get enough whole foods?

Did I do physical activity/exercise? YES NO

If yes what and how long? _____

Am I having discomfort anywhere? Yes NO

Location: _____

Description: Pain tense/tight sharp stabbing shooting

Am I upset about a situation or anything else or upset with someone?

YES- take a moment to brain dump and just write it all out