PROGRESS JOURNAL

Record your experience everyday to track incremental improvements that may otherwise go unnoticed or forgotten, and to see patterns over time.

Take AM
Take with food
Take PM
Take without food
Take AM or PM

REMEDIES & ACTIVITIES

Record below how many capsules, full droppers, or drops you take each day; Record your activities (e.g. exercise, etc)

	Time Day	Take w Food?	Max Dose	Example	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
				1															
				2															
				1															
				3															
				30 min.															

SELF ASSESSMENT

List your symptoms below. Rate how you feel each day on a scale of A through F

				C+															
				A															
				B															
				F															
				B-															

NOTES

Take AM Take PM AM or PM Take with food Take without food

REMEDIES & ACTIVITIES

Record below how many capsules, full droppers, or drops you take each day; Record your activities (e.g. exercise, etc)

	Time Day	Take w Food?	Max Dose	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30	Day 31

SELF ASSESSMENT

List your symptoms below. Rate how you feel each day on a scale of A through F

NOTES