

Appendix 2: Your Weekly Health Journal

Date	Time	Food and Supplements	My Health
Monday _____			Symptoms:
			Bowel movements: _____
			Type: 1 2 3 4 5 6 7 a b
			Sleep: ___ hrs Stress: ___ /10
Tuesday _____			Symptoms:
			Bowel movements: _____
			Type: 1 2 3 4 5 6 7 a b
			Sleep: ___ hrs Stress: ___ /10
Wednesday _____			Symptoms:
			Bowel movements: _____
			Type: 1 2 3 4 5 6 7 a b
			Sleep: ___ hrs Stress: ___ /10
Thursday _____			Symptoms:
			Bowel movements: _____
			Type: 1 2 3 4 5 6 7 a b
			Sleep: ___ hrs Stress: ___ /10
Friday _____			Symptoms:
			Bowel movements: _____
			Type: 1 2 3 4 5 6 7 a b
			Sleep: ___ hrs Stress: ___ /10
Saturday _____			Symptoms:
			Bowel movements: _____
			Type: 1 2 3 4 5 6 7 a b
			Sleep: ___ hrs Stress: ___ /10
Sunday _____			Symptoms:
			Bowel movements: _____
			Type: 1 2 3 4 5 6 7 a b
			Sleep: ___ hrs Stress: ___ /10