|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **Sleep**  Daytime-nighttime, Meds, Dreams, Tiredness (when) |  |  |  |  |  |  |  |
| **Triggers**  Important Events |  |  |  |  |  |  |  |
| **Outbreaks-**  Mood |  |  |  |  |  |  |  |
| **Body Symptoms** & Time, Headaches & time |  |  |  |  |  |  |  |
| **Food**-What & time, mood |  |  |  |  |  |  |  |
| **Smoking**- Mood  Times  How much |  |  |  |  |  |  |  |
| **Water-** Quantity/ time |  |  |  |  |  |  |  |
| **Exercise-**Type & amount of time |  |  |  |  |  |  |  |