

GUT-MOOD-ENERGY DAILY JOURNAL

DATE: _____

Mood: _____

Energy Level (1-10) Morning: _____

Noon: _____

Evening: _____

Meals Eaten

Breakfast: _____

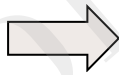
Lunch: _____

Dinner: _____

Snacks: _____

Water Intake

Let's do this!



You Did it!!

How Many Ounces of Water today?

**Goal: At least 1/2 your
bodyweight in water!**

Good or Bad Symptoms Noticed: _____

How do you feel at the end of the day? _____

OVERALL FEEL OF YOUR DAY

