



More Than Healthy Journal

date: _____

		DAILY ACTIVITIES	FOOD LOGGING	RATE YOUR PAIN LEVEL
		<i>Record activity you think might impact your health positively & negatively</i>	<i>Record the food you eat including how many glasses of water you drink</i>	<i>1=Low to 10=High Rate General Pain (P) from 1-10 Rate Bowel Movement (BM) from 1-7 Record Bloating (B), Heartburn (H), Indigestion (I) at the time of day that they each first occur</i>
MORNING	7AM			
	8AM			
	9AM			
	10AM			
	11AM			
AFTERNOON	NOON			
	1PM			
	2PM			
	3PM			
	4PM			
	5PM			
EVENING	6PM			
	7PM			
	8PM			
	9PM			
	LATE			