

# THE FEEL GOOD<sup>®</sup> HEALTH JOURNAL

by Dr. Mariana Calleja MD

**DAILY**

**S**

**M**

**T**

**W**

**TH**

**F**

**ST**

Breakfast							
Pee							
Poop							
2 Fruits per Day							
Veggies per Day							
Water per Day							
Stretch / Exercise							
Pain / Body Sensations							
Sleep Hours (#/quality)							
Emotions / Feelings (0-10)							

Use these signs to fill in the boxes or leave blank:

✓ Mild   ✓✓ Medium   ✓✓✓ A Lot

Or simply use Yes or No accordingly

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Tracking down your basic health activities will give you the awareness you need to understand what your body is telling you and help it be in control.

THE INTENTION OF THIS WORKSHEET IS TO ANSWER ESSENTIAL HEALTH QUESTIONS SUCH AS:

1. HOW MUCH WATER DO YOU DRINK EVERY DAY?
2. HOW MUCH PHYSICAL ACTIVITY DO YOU REGULARLY?
3. WHAT WAS THE QUALITY OF YOUR FOOD TODAY?
4. HOW MANY FRUITS & VEGETABLES DID YOU EAT TODAY?
5. POOP TODAY: YES OR NO?
6. PEE TODAY: AVERAGE FREQUENCY & COLOR
7. HOURS OF SLEEP LAST NIGHT
8. BODY & MIND SENSATIONS – GOOD OR BAD. (I.E. HEADACHE, BLOATEDNESS, CRAMPS, RESTED, HAPPY, ANGRY, CALM, FOCUSED, UNFOCUSED.)

Fill this form every night for at least 2 weeks. Then go back and analyse. See if you can find any patterns. Keep journaling as much as you need. It's normal if it takes some time to start understanding your own patterns. And above all, enjoy the ride!