

DO NOT PRINT THIS PAGE!

How to Print Your Wellness Journal

This journal is designed to print front and back on standard 8.5 x 11 paper.

To print double sided automatically: In your print settings select page range 2-3 to skip the instruction page. Then select "Print on Both Sides" or "Duplex Printing" and choose "Flip on Long Edge."

If your printer doesn't do double sided automatically: Print page 2 first. Place it back in your printer printed side down and print page 3.

Hole punching: Pages are formatted to align when printed front and back so holes can be punched on the left edge to insert in a standard binder.

(This wellness journal was created by a chronic illness patient for personal tracking purposes only. It is not medical advice and is not intended to diagnose, treat, cure, or prevent any condition. Always consult a qualified healthcare professional regarding your health and medications.)

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Medicines:
Vitamins/Supplements:

Breakfast:

Blood Sugar Levels: _____ **before**, _____ (_____) mins/hour(s) **after**
Fat: _____ Saturated Fat: _____ Calories: _____ Sodium: _____ Carbs: _____ Net Carbs: _____

Lunch:

Blood Sugar Levels: _____ **before**, _____ (_____) mins/hour(s) **after**
Fat: _____ Saturated Fat: _____ Calories: _____ Sodium: _____ Carbs: _____ Net Carbs: _____

Dinner:

Blood Sugar Levels: _____ **before**, _____ (_____) mins/hour(s) **after**
Fat: _____ Saturated Fat: _____ Calories: _____ Sodium: _____ Carbs: _____ Net Carbs: _____

Snacks:

Fat: _____ Saturated Fat: _____ Calories: _____ Sodium: _____ Carbs: _____ Net Carbs: _____

Total Daily Macros: Fat _____ | Sat Fat _____ | Calories _____ | Sodium _____ | Carbs _____ | Net Carbs _____

Daily Water Intake: 8 oz | 8 oz | 8 oz | 8 oz | 8 oz | 8 oz | 8 oz | 8 oz | 8 oz | 8 oz | 8 oz | 8 oz | 8 oz

Spices/Aromatics, Oils/Fats, Liquids, etc:

Coconut Oil / Coconut Milk / Ghee / Olive Oil / Other: _____

Celtic Salt / Kosher Salt

Arrowroot Powder / Basil (fresh/dried) / Bay Leaves / Caraway / Cardamom / Chia Seeds / Coriander / Cream of Tartar / Cumin / Curry Leaves
Dill (fresh/dried) / Fenugreek seeds (whole/ground) / Flax Seed (whole/ground) / Ginger (fresh/powder) / Lemongrass / Mint (fresh/dried) /
Oregano (fresh/dried) / Parsley (fresh/dried) / Peppermint / Rosemary (fresh/dried) / Saffron / Sage (fresh/dried) / Spirulina / Sumac / Tarragon (fresh/dried) /
Thyme (fresh/dried) / Turmeric (fresh/dried) / Other: _____

BLOOD PRESSURE:

_____ / _____ bpm (_____ : _____) / _____ bpm (_____ : _____)

WEIGHT:

GAS / INDIGESTION: None / Mild / Moderate / Severe

STOOL CONSISTENCY: Solid / Mushy / Watery Diarrhea

URINE HEALTH: Color: light / medium / dark / cloudy

Smell: none / sweet / ammonia / other _____

Frequency: normal / too frequent / not enough

FIBROMYALGIA / BODY PAINS:

Stiff: Feet / Hands / Head / Joints / Lower Back / Neck / Sciatica / Shoulders **Pain:** Feet / Hands / Head / Joints / Lower Back / Neck / Sciatica / Shoulders

SWELLING: Where? Hands / Feet / Legs / Stomach / Face | **When?** wake up / mid day / evening / night | **Severity?** Mild / Moderate / Severe

SKIN HEALTH FULL BODY: Dry / Flaky / Hives / Irritated / Itchy / Oily / Overly Sweaty / Red / Bumps / Rash / Pimples / Keratosis

HEAD/SCALP: Flaky (yes / no) / Burning / Itchy / Pain

SKIN HEALTH HANDS / FEET: Bumps / Rash (H / F) / Breaking Cuticles (H / F) / Brittle Nails (H / F) / Dry (H / F) / Irritated (H / F) /
Soft (H / F) / Strong Nails (H / F)

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Today's Health Care Routine for Skin / Scalp:

Lotion Used _____:

Where: Face / Neck / Shoulders / Arms / Hands / Legs / Feet / Butt / Full Body

Oils Used: _____:

Where: Face / Neck / Shoulders / Arms / Hands / Legs / Feet / Butt / Full Body

Shampoo: _____

Conditioner: _____

Soaps: _____

SLEEP/DREAMS: Bedtime: _____ Wake Up: _____ Naps: _____

Dreams: Vivid / Nightmare / Hallucinatory / None

Psychological Symptoms: / Agitated / Anger / Autonomy Threat Response / Binge Eating / Disassociation / Echolalia / Emotional Outbursts / Excess Worry / Executive Dysfunction / Fawn / Fight / Flee / Freeze / Hopelessness / Hyper Focus / Impulsivity / Intrusive Thoughts / Irrational Thoughts / Irritable / Loss of Appetite / Loss of Interest / Meltdown / Not Wanting to Be Alive / Obsessive Thoughts / Paranoia / Racing Thoughts / Rage (irrational) / Restless / Selective Mutism – Speech Loss / Shame Spiral / Skills Regression / Social Withdrawal / Suicidal Ideation / Trouble Focusing /

Physical Symptoms: / Appetite Changes / Bloating / Body Aches / Brain Fog / Brain Zaps / Burning Skin / Chest Tightness / Constipation / Diarrhea / Dizziness / Dry Mouth / Ear Ringing / Flushing / Headache / Heart Palpitations / Heightened Sensory Sensitivity / Insomnia / Itchiness / Joint Stiffness - Pain / Lethargic / Muscle Cramps / Muscle Weakness / Nausea / Numbness / Over Stimming / Position Intolerance (Sitting / Standing) / Rash / Sensory Overload / Shakiness / Shortness of Breath / Sleep Disturbances / Sweating (excessively) / Swelling - Edema / Temperature Dysregulation / Tics / Tingling / Tinnitus Flare / Vision Changes / Wheezing

POSSIBLE TRIGGERS

Environment / Exposure: Animal Dander / Bright Lights / Cleaners / VOCs / Cold / Dust / Heat / Mold / Noise / Perfume / Scent / Pollen / Smoke

Emotional / Social: Conflict / Decision Fatigue / Demand Avoidance Trigger / Overstimulation / Rejection / Abandonment / Sensory Overload / Sudden Change

Food / Diet: Alcohol / Dairy / Gluten / High Histamine Foods / Processed Foods / Sugar / Other: _____

Medications / Supplements: Dose Change / Missed Dose / New Medication / New Supplement / Other: _____

MENSTRUAL CYCLE HEALTH: Anxiety-Mania-Racing Thoughts / Bloating / Cravings / Depressed / Increased or Decreased Libido / Lethargic / Masturbated / Sex

BLEEDING: Spotting / Light / Moderate / Heavy / Clotting

Cycle Past Due: _____ day(s) late. Cycle Length: _____ day(s).

EXERCISE: Walked _____ mile(s)/min(s). Road Bike _____ mile(s)/min(s).

Arms _____ . Stomach _____ . Thighs _____ . Core _____ . Calves _____ . Butt _____ . Shoulders _____ .

Face/Neck _____ .

MEDITATION: Duration _____ min(s).

Method(s) used: Deep Breathing / Guided Meditation / Regular Meditation / Singing Bowl / Bells / Drums / Outside / Stims _____

What Brought You Relief Today?

Bath - Shower / Being Alone / Cold - Ice Pack / Compression / Crying / Darkness / Deep Pressure / Distraction / Electrolytes - Water / Exercise - Physical Movement / Food / Fresh Air / Gentle Movement / Heat - Warming Up / Herbal Remedies / Journaling / Medication - Supplements / Meditation - Breath work / Nature / Outside Time / Prayer - Spiritual Practice / Rest / Sleep / Silence / Stimming / Support - Connection / Sunlight / Therapy / Other: _____

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