

# **LEARNING TO LISTEN TO YOUR BODY**

## **(Daily Diary for Women)**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Phase of your Menstrual Cycle:**

- \_\_\_\_\_ **Menstrual** (Typically – Days 1-4)
- \_\_\_\_\_ **Preovulatory** (Typically – Days 5-14)
- \_\_\_\_\_ **Premenstrual** (Typically – Days 15-28)
- \_\_\_\_\_ **Day Number of Cycle**
- \_\_\_\_\_ **No Cycle**

*Complete these questions 1 to 2 hours after you have eaten.*

Questions:	Answers:
<i>How is your mood before breakfast?</i>	
<b>What did you have for Breakfast?</b> <i>Time:</i>	
Before Lunch Assessment of Breakfast:	
<i>Was your breakfast satisfying to you?</i>	
<i>Did you need a snack before lunch?</i>	
<i>Did you or do you have any cravings?</i>	
<i>How is your mood?</i>	
<i>How is your energy?</i>	
<i>How is your mental clarity?</i>	
<b>What did you have for Lunch?</b> <i>Time:</i>	
Before Dinner Assessment of Lunch:	
<i>Was your lunch satisfying to you?</i>	
<i>Did you need a snack before dinner?</i>	
<i>Did you or do you have any cravings?</i>	
<i>How is your mood?</i>	
<i>How is your energy?</i>	
<i>How is your mental clarity?</i>	
<b>What did you have for Dinner?</b> <i>Time:</i>	
Before Bedtime Assessment of Dinner:	
<i>Was your dinner satisfying to you?</i>	
<i>Did you need a snack between dinner &amp; bedtime?</i>	
<i>Did you or do you have any cravings?</i>	
<i>How is your mood?</i>	

*What is your overall assessment of how  
you felt today?*

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