TOM KENNEDY BSc MBAcC
acupuncture & tuina

Date:

Fill in main symptoms, and give each one a score out of 10 every day (10 being the worst it could be, 0 being completely absent)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Symptom 1:							
Symptom 2:							
Symptom 3:							
Symptom 4:							
Wellbeing							

Fill in your chosen activities. Tick each day that you complete your goal, cross when you don't

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breathe:							
Drink:							
Eat:							
Move:							
Think:							