



THE BODY BLUES DAILY JOURNAL

Date: _____

LEVITY CHECKLIST:

LIGHT: ____ minutes

Minutes you spent outdoors during daylight hours or using a light therapy device.

EXERCISE: ____ minutes

Brisk exercise, indoors or outdoors

SUPPLEMENT: ____

Check if you've taken all six LEVITY ingredients.

REMOVING OBSTACLES:

Describe the problems you had, *if any*, with the three parts of the program.

What will you do tomorrow to remove or minimize these obstacles?

UPS AND DOWNS:

What circumstances, positive or negative, influenced your sense of well-being today?

DAILY MOOD INVENTORY:

Circle the number that applies. The higher the number, the more accurate the statement.

Not True Somewhat True Very True

I slept well and woke refreshed.
0 1 2 3 4 5

I felt energetic most of the day.
0 1 2 3 4 5

I coped well with today's stresses.
0 1 2 3 4 5

I had a good mood most of the day.
0 1 2 3 4 5

I felt clear-headed and able to concentrate.
0 1 2 3 4 5

I felt calm and free from anxiety.
0 1 2 3 4 5

I made healthy food choices.
0 1 2 3 4 5

I found ways to comfort myself besides food.
0 1 2 3 4 5

I was free from irritability.
0 1 2 3 4 5

I felt good about myself most of the time.
0 1 2 3 4 5

Total Score _____

Other Comments (or Daily Food Log)

THE BODY BLUES MONTHLY SYMPTOM CHART

Directions: Rank each symptom from 0-10 "0" = not at all "10" = extreme.
 The lower your total score, the better you feel. Note: If you are having regular periods, the numbers in the top of the monthly chart refer to the day of your menstrual cycle. If you are not having regular periods, the numbers refer to the day of the month.

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Symptom															
Overeating															
Fatigue															
Tension															
Low mood															
Irritability															
Sleep Prob.															
Drowsiness															
Low desire															
Moody															
Anxiety															
Too Sensitive															
Forgetful															
TOTAL															

DAY	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Symptom																
Overeating																
Fatigue																
Tension																
Low mood																
Irritability																
Sleep Prob.																
Drowsiness																
Low desire																
Moody																
Anxiety																
Too sensitive																
Forgetful																
TOTAL																

