Daily Logs:

Date:_____

Food:
B'fast:

Lunch:

Snack:

Dinner:

Behavior:

A.M.:

Afternoon:

P.M.:

Seizure/Migraine:

Sleep:

Woke up @:
- ☐ Had to wake up
- ☐ Woke up on own

Fell asleep @:

Stool:
Note frequency, consistency, yeast - white or black, undigested food, gas, and odor (scale 1= minimal, 2 = mild, 3 = extreme).

Urine:
Note color, odor, quantity, clarity, etc.

School / Miscellaneous: