HOW TO BE YOUR OWN GUT WHISPERER

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Date:_____ **Weight:** _____

Food and Drink:

Morning	Noon	Evening
_____	_____	_____
_____	_____	_____
_____	_____	_____

Water (how many ounces) _____

Exercise (what and for how long) _____

_____

How I Feel :

_____ _____

Body Reactions: (migraine, nausea, heartburn, etc.) _____

_____

_____

Other Comments: _____

_____