

DATE RANGE: FROM \_\_\_\_\_ TO \_\_\_\_\_

*This journal is for the end of the day. The boxes at the top of each row are about the rest of your life, not about kratom. Tick the ones that were true for the day you have just had. Then use the lines for everything else. Write about how you ate, how you slept, whether you drank enough water, whether you moved your body, and what your stress was like. Write about your use as well. If you planned a day without kratom and it did not hold, write that down. If you planned a rotation and walked away from it, write that down. If you had more than you meant to, write that down first. Nobody reads this page but you, and it is worth more when it is honest than when it is tidy.*

|                   |                                   |                                   |                                     |                                |                                      |
|-------------------|-----------------------------------|-----------------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| MONDAY -          | ATE WELL <input type="checkbox"/> | HYDRATED <input type="checkbox"/> | SLEPT WELL <input type="checkbox"/> | MOVED <input type="checkbox"/> | NON-USE DAY <input type="checkbox"/> |
| <hr/> <hr/> <hr/> |                                   |                                   |                                     |                                |                                      |
| TUESDAY -         | ATE WELL <input type="checkbox"/> | HYDRATED <input type="checkbox"/> | SLEPT WELL <input type="checkbox"/> | MOVED <input type="checkbox"/> | NON-USE DAY <input type="checkbox"/> |
| <hr/> <hr/> <hr/> |                                   |                                   |                                     |                                |                                      |
| WEDNESDAY -       | ATE WELL <input type="checkbox"/> | HYDRATED <input type="checkbox"/> | SLEPT WELL <input type="checkbox"/> | MOVED <input type="checkbox"/> | NON-USE DAY <input type="checkbox"/> |
| <hr/> <hr/> <hr/> |                                   |                                   |                                     |                                |                                      |
| THURSDAY -        | ATE WELL <input type="checkbox"/> | HYDRATED <input type="checkbox"/> | SLEPT WELL <input type="checkbox"/> | MOVED <input type="checkbox"/> | NON-USE DAY <input type="checkbox"/> |
| <hr/> <hr/> <hr/> |                                   |                                   |                                     |                                |                                      |
| FRIDAY -          | ATE WELL <input type="checkbox"/> | HYDRATED <input type="checkbox"/> | SLEPT WELL <input type="checkbox"/> | MOVED <input type="checkbox"/> | NON-USE DAY <input type="checkbox"/> |
| <hr/> <hr/> <hr/> |                                   |                                   |                                     |                                |                                      |
| SATURDAY -        | ATE WELL <input type="checkbox"/> | HYDRATED <input type="checkbox"/> | SLEPT WELL <input type="checkbox"/> | MOVED <input type="checkbox"/> | NON-USE DAY <input type="checkbox"/> |
| <hr/> <hr/> <hr/> |                                   |                                   |                                     |                                |                                      |
| SUNDAY -          | ATE WELL <input type="checkbox"/> | HYDRATED <input type="checkbox"/> | SLEPT WELL <input type="checkbox"/> | MOVED <input type="checkbox"/> | NON-USE DAY <input type="checkbox"/> |
| <hr/> <hr/> <hr/> |                                   |                                   |                                     |                                |                                      |

*This sheet is not meant to be used forever. It's offered simply to make a pattern visible while you are still learning to see it. Once you can see it without the sheet, you'll no longer need it.*



These statements have not been evaluated by the Food and Drug Administration. Botanical products are not intended to diagnose, treat, cure, or prevent any disease. Kratom's alkaloids interact with the same receptor systems that opioids act on. Kratom may be habit-forming, may be harmful to your health, and is not intended for long-term or daily use. This document is educational and is not medical or legal advice. Kratom is intended for adults 21 and over and is not legal in every jurisdiction. Keep out of reach of children and pets. Do not use before or while driving or operating heavy machinery. Do not use if you are pregnant, nursing, taking medications, or have a medical condition without consulting a healthcare professional.

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