Food and feelings journal

A blank daily record for adult women with PCOS

Date: _____

Write what you remember. Leave unknown amounts blank. Every optional field can be skipped.

Meals and drinks

Approximate time	What you ate or drank; amount if known

One daily check-in

Use your own words. These are personal observations, not a diagnostic scale.

Hunger: _____

Cravings: _____

Energy: _____

Optional context or a question for later

For example: sleep, a period start, or something you want to discuss at a visit.

This original template is not a validated questionnaire or a treatment plan.

One day's entries cannot establish why a symptom happened. Keep your completed copy private.