

Weekly Symptom Tracker

Print as many copies as you need. Track your symptoms, protocols, and progress week by week.

WEEK _____ Dates: _____ to _____

Current phase: ☐ Open ☐ Kill ☐ Bind ☐ Rebuild

Symptom / Marker	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Energy (1 to 10)							
Brain fog (1 to 10)							
Sleep quality (1 to 10)							
Bowel movements (number)							
Stool quality (formed / loose)							
Bloating or gas							
Mood (1 to 10)							
Skin changes							
Pain or discomfort							
Other:							

Supplements and protocols used this week: _____

Notable observations (die-off, improvements, setbacks): _____

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Mood (1 to 10)							
Skin changes							
Pain or discomfort							
Other:							

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Continued. Weeks 3 and 4.

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