


HOW TO USE THE WEEKLY LAYOUT

DAY		
MONDAY <i>2nd January</i>	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
	Highlight or tick the times that you take your medication. Highlighting the box will make the timing stand out.	Food Times 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
		<u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10
TUESDAY <i>3rd January</i>	Medication Times 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input type="checkbox"/>	Medication Times 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/>
	Food Times 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	Food Times 12 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/>
	<u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10	<u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10
WEDNESDAY <i>4th January</i>	Medication Times 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	Medication Times 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
	Remember to rate how you feel at different times during the day	Food Times 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>
		<u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10
THURSDAY <i>5th January</i>	Medication Times 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	Medication Times 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
	Food Times 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	Food Times 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
	<u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10	<u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10
FRIDAY <i>6th January</i>	Medication Times 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	Medication Times 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
	Food Times 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	Food Times 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
	<u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10	<u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10
SATURDAY <i>7th January</i>	Medication Times 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	Medication Times 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
	Food Times 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	Food Times 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
	<u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10	<u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10
SUNDAY <i>8th January</i>	Medication Times 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	Medication Times 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
	Food Times 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	Food Times 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
	<u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10	<u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10

Maybe even colour coordinate your boxes if you take different pills at different times. Remember there is a page for you to record your current medications every 3 months throughout the diary.

Timing your food correctly can often impact how the body absorbs or breaks down your medication. Recording the daily timing of your food and medication can often provide your medical practitioner with useful insight into how to maximise your medication effects.

Be Grateful when you are feeling good and Graceful when you are feeling bad!

DAY	EVENING	NOTES – Symptoms/ changes to meds
MONDAY <i>2nd January</i>	<u>Medication Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 – 4am <input type="checkbox"/> <u>Food Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 – 4am <input type="checkbox"/> <u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10	
TUESDAY <i>3rd January</i>	<u>Medication Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> <u>Food Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> <u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10	
WEDNESDAY <i>4th January</i>	<u>Medication Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 – 4am <input type="checkbox"/> <u>Food Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 – 4am <input type="checkbox"/> <u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10	
THURSDAY <i>5th January</i>	<u>Medication Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 – 4am <input type="checkbox"/> <u>Food Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 – 4am <input type="checkbox"/> <u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10	
FRIDAY <i>6th January</i>	<u>Medication Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 – 4am <input type="checkbox"/> <u>Food Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 – 4am <input type="checkbox"/> <u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10	
SATURDAY <i>7th January</i>	<u>Medication Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 – 4am <input type="checkbox"/> <u>Food Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 – 4am <input type="checkbox"/> <u>When Meds are working rate how you feel</u> (Circle) 1 2 3	<div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;"> <p>Reflect on your week and see if any of the common issues listed below has impacted on your day to day living at all.</p> </div>
SUNDAY <i>8th January</i>	<u>Medication Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 – 4am <input type="checkbox"/> <u>Food Times</u> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 – 4am <input type="checkbox"/> <u>When Meds are working rate how you feel</u> (Circle) 1 2 3 4 5 6 7 8 9 10	

