

# Parent Monitoring Guide

**Start Date:** \_\_\_\_\_

## DAILY TRACKING (Complete each day)

### WEEK 1

Date	Morning Energy (1-10)	Bedtime Anxiety (1-10)	Night Wakings (number & duration)	Supplement Notes
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

### WEEK 1 REVIEW (Complete at end of Week 1)

#### **Digestive Changes:**

Bowel movement frequency: \_\_\_\_\_ (times per week)

Digestive comfort: Better / Same / Worse

Notes: \_\_\_\_\_

#### **Emotional Regulation:**

Afternoon reactivity: Better / Same / Worse

Evening reactivity: Better / Same / Worse

Notes: \_\_\_\_\_

#### **Overall Energy Patterns:**

Morning: Consistent / Variable (describe): \_\_\_\_\_

Evening: Consistent / Variable (describe): \_\_\_\_\_

## DAILY TRACKING (Complete each day)

### WEEK 2

<b>Date</b>	<b>Morning Energy (1-10)</b>	<b>Bedtime Anxiety (1-10)</b>	<b>Night Wakings (number &amp; duration)</b>	<b>Supplement Notes</b>
Day 8				
Day 9				
Day 10				
Day 11				
Day 12				
Day 13				
Day 14				

### WEEK 2 REVIEW (Complete at end of Week 2)

#### **Digestive Changes:**

Bowel movement frequency: \_\_\_\_\_ (times per week)

Digestive comfort: Better / Same / Worse

Notes: \_\_\_\_\_

#### **Emotional Regulation:**

Afternoon reactivity: Better / Same / Worse

Evening reactivity: Better / Same / Worse

Notes: \_\_\_\_\_

#### **Overall Energy Patterns:**

Morning: Consistent / Variable (describe): \_\_\_\_\_

Evening: Consistent / Variable (describe): \_\_\_\_\_

## DAILY TRACKING (Complete each day)

### WEEK 3

<b>Date</b>	<b>Morning Energy (1-10)</b>	<b>Bedtime Anxiety (1-10)</b>	<b>Night Wakings (number &amp; duration)</b>	<b>Supplement Notes</b>
Day 15				
Day 16				
Day 17				
Day 18				
Day 19				
Day 20				
Day 21				

### WEEK 3 REVIEW (Complete at end of Week 3)

#### **Digestive Changes:**

Bowel movement frequency: \_\_\_\_\_ (times per week)

Digestive comfort: Better / Same / Worse

Notes: \_\_\_\_\_

#### **Emotional Regulation:**

Afternoon reactivity: Better / Same / Worse

Evening reactivity: Better / Same / Worse

Notes: \_\_\_\_\_

#### **Overall Energy Patterns:**

Morning: Consistent / Variable (describe): \_\_\_\_\_

Evening: Consistent / Variable (describe): \_\_\_\_\_

## RED FLAG SYMPTOMS (Circle if present, contact practitioner immediately)

**Physical:** Rashes / Stomach pain / Headaches / Extreme fatigue / Nausea / Vomiting

**Behavioural:** Significant mood changes / Aggression / Withdrawal / Hyperactivity / Sleep disturbances

**Cognitive:** Confusion / Memory problems / Difficulty concentrating (worse than baseline)

**Date if occurred:** \_\_\_\_\_ **Action taken:** \_\_\_\_\_

## NOTES FOR NEXT APPOINTMENT

### Most Improved Symptoms:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Biggest Challenges:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Questions for Practitioner:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Additional Observations:

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