










































































































Follow-up of my feelings

Name

First Name

Birthdate :

Date of acquisition of the diapason(s):

Day	Date	Observations	General condition & mood of the day
1			    
2			    
3			    
4			    
5			    
6			    
7			    
8			    
9			    
10			    
11			    
12			    
13			    
14			    
15			    
16			    
17			    
18			    
19			    
20			    
21			    

Additional observations

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