



DAILY MICRODOSING JOURNAL

DATE:

TIME:

DOSE:

RATING SCALE

(1=LOW/NOT VERY NOTICEABLE, 10=INTENSE/VERY NOTICEABLE)

ANXIETY:

BODY ACHES OR PAIN:

DEPRESSION:

INSOMNIA OR SLEEP TROUBLE:

LACK OF MOTIVATION:

PARANOIA:

RESTLESSNESS:

OTHER: _____

REFLECTIONS & EXPERIENCES

DREAMS FROM LAST NIGHT:

SIGNS OR SYNCHRONICITIES:

TRIGGERS OR CHALLENGES:

INVITATIONS TO GO DEEPER:

NOTICEABLE CHANGES (EVEN SUBTLE ONES):

GRATITUDE: