

Hormone Replacement Therapy Program Protocol Diary

Monitoring Program: Please take a moment and save this Microsoft word document on your local computer, the purpose of this to capture your health and wellness goals each day in diary form. Please write the dates next to the Week # and the date and times, for each day of the week when documenting items.

Record: medication used, how much and at what time, your diet (what you ate), work hours and exercise for the particular day. Note in this document any other issues which may be of concern for your personal health representative.

Week 1:

- **Monday:**
- **Tuesday:**
- **Wednesday:**
- **Thursday:**
- **Friday:**
- **Saturday:**
- **Sunday:**

Week 2:

- **Monday:**
- **Tuesday:**
- **Wednesday:**
- **Thursday:**
- **Friday:**
- **Saturday:**
- **Sunday:**

Week 3:

- **Monday:**

- **Tuesday:**
- **Wednesday:**
- **Thursday:**
- **Friday:**
- **Saturday:**
- **Sunday:**

Week 4:

- **Monday:**
- **Tuesday:**
- **Wednesday:**
- **Thursday:**
- **Friday:**
- **Saturday:**
- **Sunday:**

Week 5:

- **Monday:**
- **Tuesday:**
- **Wednesday:**
- **Thursday:**
- **Friday:**
- **Saturday:**
- **Sunday:**

Week 6:

- **Monday:**
- **Tuesday:**
- **Wednesday:**
- **Thursday:**
- **Friday:**

- **Saturday:**
- **Sunday:**

Week 7:

- **Monday:**
- **Tuesday:**
- **Wednesday:**
- **Thursday:**
- **Friday:**
- **Saturday:**
- **Sunday:**

Week 8:

- **Monday:**
- **Tuesday:**
- **Wednesday:**
- **Thursday:**
- **Friday:**
- **Saturday:**
- **Sunday:**

Week 9:

- **Monday:**
- **Tuesday:**
- **Wednesday:**
- **Thursday:**
- **Friday:**
- **Saturday:**
- **Sunday:**

Week 10:

- **Monday:**
- **Tuesday:**
- **Wednesday:**
- **Thursday:**
- **Friday:**
- **Saturday:**
- **Sunday:**

Week 11:

- **Monday:**
- **Tuesday:**
- **Wednesday:**
- **Thursday:**
- **Friday:**
- **Saturday:**
- **Sunday:**

Week 12:

- **Monday:**
- **Tuesday:**
- **Wednesday:**
- **Thursday:**
- **Friday:**
- **Saturday:**
- **Sunday:**