LK MAMA NUTRITION

PCOS RESET

MEAL + SYMPTOM PLANNER

NOURISH YOUR BODY. TRACK YOUR SYMPTOMS. TRANSFORM YOUR HEALTH.

Small choices today, big changes tomorrow.

DATE: ____/____/_____ | CYCLE DAY: _____ | PHASE: _____ | SLEEP (HRS): _____ | WATER INTAKE:

MEAL PLAN

BREAKFAST	What I ate: _____ Protein: ○ ○ ○ Water: 💧 💧 💧 💧
MID-MORNING SNACK	What I ate: _____ Protein: ○ ○ ○ Water: 💧 💧 💧 💧
LUNCH	What I ate: _____ Protein: ○ ○ ○ Water: 💧 💧 💧 💧
MID-AFTERNOON SNACK	What I ate: _____ Protein: ○ ○ ○ Water: 💧 💧 💧 💧
DINNER	What I ate: _____ Protein: ○ ○ ○ Water: 💧 💧 💧 💧
EVENING SNACK	What I ate: _____ Protein: ○ ○ ○ Water: 💧 💧 💧 💧

♥ Aim for balanced meals with protein, fibre & healthy fats

SYMPTOM TRACKER

SYMPTOMS	SEVERITY (0–10)	NOTES / TRIGGERS
Bloating	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
Fatigue	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
Acne	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
Hair Thinning	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
Mood Swings	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
Cravings	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
Headaches	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
Sugar Cravings	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
Sleep Issues	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
Anxiety / Stress	○ ○ ○ ○ ○ ○ ○ ○ ○ ○	

♥ Track daily to spot patterns and understand your body better ♡

BLOOD SUGAR BALANCE

HOW WAS YOUR DAY?

- ○ Stable energy
- ○ No sugar crashes
- ○ Felt balanced
- ○ Cravings managed
- ○ High energy

MOOD TRACKER

HOW ARE YOU FEELING?	RATE (0–10)
Amazing	
Good	
Okay	
Tired	
Anxious	
Stressed	

HABIT CHECKLIST

DAILY HABITS	YES	NO
○ Ate breakfast	○	○
○ Had protein with meals	○	○
○ Drank 2L of water	○	○
○ Moved my body	○	○
○ Managed stress	○	○
○ Took supplements	○	○

HUNGER & CRAVINGS

RATE YOUR HUNGER (0–10)

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

CRAVINGS TODAY: _____

SUPPLEMENTS & MEDICATIONS

NAME	PURPOSE / BENEFITS	DOSAGE	TIME	M	T	W	T	F	S	S
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐

♥ **Tip:** Always follow medical advice and speak to your healthcare provider. ♡

WEEKLY REFLECTION

BIGGEST WIN THIS WEEK: _____

WHAT TRIGGERED MY SYMPTOMS? _____

WHAT WORKED WELL? _____

FOCUS FOR NEXT WEEK: _____