



Patient Name:

Date:

## GUNA OBSERVATION

Day	Time	Feeling	Guna
Day 1	Morning		
	Midday		
	Evening		
Day 2	Morning		
	Midday		
	Evening		
Day 3	Morning		
	Midday		
	Evening		
Day 4	Morning		
	Midday		
	Evening		
Day 5	Morning		
	Midday		
	Evening		