



| PROTEIN <br> (Kcal) | CKARBS | (KAT <br> (Kcal) | TOTAL |
| :--- | :--- | :--- | :--- |
|  |  |  |  |

## BREAKFAST

| TIME | QTY | AMOUNT | FOOD \& METHOD OF PREP |
| :--- | :--- | :--- | :--- |
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|  |  |  |  |
|  |  |  |  |
| SNACK |  |  |  |
|  |  |  |  |

## OTHER DRINKS:

| PROTEIN <br> (Kcal) | CARBS <br> (Kcal) | FAT <br> (Kcal) | TOTAL |
| :--- | :--- | :--- | :--- |
|  |  |  |  |

## LUNCH

| TIME | QTY | AMOUNT | FOOD \& METHOD OF PREP |
| :--- | :--- | :--- | :--- |
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|  |  |  |  |
| SNACK |  |  |  |
|  |  |  | WATER |



DAILY FOOD JOURNAL monday tuesday wednesday thursday friday saturday sunday Date: $\qquad$ OTHER DRINKS:


## DINNER

| TIME | QTY | AMOUNT | FOOD \& METHOD OF PREP |  |
| :--- | :---: | :---: | :---: | :---: |
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|  |  |  |  |  |
|  | SNACK |  |  |  |
|  |  |  |  |  |

WATER INTAKE
(FL. OZ)


OTHER DRINKS:

$\qquad$
How did I do today???


QUALITY OF SLEEP: (GOOD) $10 \quad 2 \quad 3 \quad 4 \quad 5$ (POOR)
Excellent Great Okay Not Good Very Bad $\qquad$ Bowel Movements (\# and consistency):
Comments for the day: $\qquad$
Any Mood Changes/ Symptoms throughout the day?

