

Name: _____ Date of Birth: _____

Please complete your log for a minimum 7 days.

1. Make note of the times you wake up.
2. List and **describe in detail** all foods and drinks including the amount of each. Make note as to whether the food was fresh, frozen, canned, raw, cooked, baked, fried, etc. Note the time of each meal or snack. **Be sure to list everything you eat or drink**, including any condiments used (mayonnaise, mustard, relish, *etc*)
3. Keep track of how much water you drink and list the amount in ounces in the section provided. Also note the type and amount of any other drinks you consume (coffee, soda, juice, flavored water, *etc*)
4. Write down any activity or exercise you do in the section at the bottom, listing the kind of exercise you did and the duration.
5. Note any periods of relaxation and what the activity was.
6. Note the time you go to sleep and if you woke up throughout the night.

Day	Date:
Wake Up Time: How Refreshed Do You Feel	Least Refreshed 1 2 3 4 5 6 7 8 9 10 Most Refreshed
Morning Meal: Times:	
Snack: Time:	
Mid-Day Meal: Time:	
Snack: Time:	
Evening Meal: Time:	
Snack: Time:	
Water (Ounces):	
Other Drinks (That Are Not Listed With Meals or Snacks Above)	
Activity/Exercise: Duration: Heart Rate:	
Relaxation Type: Duration:	
Asleep Time:	
Times Awake During Night:	
Bowel Movement:	1 2 3 4 5 Loose/formed/hard - light/dark - sinks/floats - red blood - undigested food particles
Urination:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 Light Dark Cloudy Clear

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