

FOOD-LIQUID-ACTIVITY JOURNALPlease list **exact ingredients** and **brand names** whenever possible

	Name:	Date (Day 1):				
TIME	Food & Liquid Consumed, Meds/Supplements,	Physical/Mental Reactions & Time	Portion	Location/Social	Hunger	
TIME	Physical Activity	(BM type, pain, mood, energy, thoughts)	Size	Situation	Level	
	Breakfast:					
	Lunch:					
	Dinner:					
	Snacks & Water:					
	Shacks & Water.					
Check all	l that apply: 🗌 Typical Day 🔲 Unusual Day 🔲 Work Day	y □ Day off	USE R	EVERSE SIDE IF N	NEEDED	



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Please list <u>exact ingredients</u> and <u>brand names</u> whenever possible

Name:		Date (Day 2):				
TIME	Food & Liquid Consumed, Meds/Supplements, Physical Activity	Physical/Mental Reactions & Time (BM type, pain, mood, energy, thoughts)	Portion Size	Location/Social Situation	Hunger Level	
	Breakfast:					
	Lunch:					
	Dinner:					
	Snacks & Water:					

Check all that apply: ☐ Typical Day ☐ Unusual Day ☐ Work Day ☐ Day off

USE REVERSE SIDE IF NEEDED



Check all that apply: ☐ Typical Day ☐ Unusual Day ☐ Work Day ☐ Day off

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Please list exact ingredients and brand names whenever possible

USE REVERSE SIDE IF NEEDED

Name:		Date (Day 3):				
TIME	Food & Liquid Consumed, Meds/Supplements, Physical Activity	Physical/Mental Reactions & Time (BM type, pain, mood, energy, thoughts)	Portion Size	Location/Social Situation	Hunger Level	
THVIL	Breakfast:	(211 type, pain, meed, energy, meagine)	Size	Situation	Level	
	Бтейкјам.					
	Lunch:					
	Euren.					
	Dinner:					
	Snacks & Water:					