



FOOD-LIQUID-ACTIVITY JOURNAL
Please list exact ingredients and brand names whenever possible

Name: _____ Date (Day 1): _____

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
	<i>Breakfast:</i>				
	<i>Lunch:</i>				
	<i>Dinner:</i>				
	<i>Snacks & Water:</i>				

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

USE REVERSE SIDE IF NEEDED



Colo Kitchen

PERSONAL NUTRITION

FOOD-LIQUID-ACTIVITY JOURNAL

Please list exact ingredients and brand names 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
	<i>Breakfast:</i>				
	<i>Lunch:</i>				
	<i>Dinner:</i>				
	<i>Snacks & Water:</i>				

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

USE REVERSE SIDE IF NEEDED



Colo Kitchen

PERSONAL NUTRITION

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Please list exact ingredients and brand names whenever possible

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
	<i>Breakfast:</i>				
	<i>Lunch:</i>				
	<i>Dinner:</i>				
	<i>Snacks & Water:</i>				

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

USE REVERSE SIDE IF NEEDED