## **Daily Nutrition and Lifestyle Journal**

Please log 3 days of eating and email or bring to your appointment.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

### NUTRITION

Time	Length of Meal	Food Type and Amount	Beverage Type and	Supplement and Medication Type	Tense or relaxed during	Symptoms / Feelings	Symptoms/ Feelings
	or wieur		Amount	and Amount	meal?	Before Meal	After Meal

#### LIFESTYLE

Time / Energy / Emotions Before and After Activity	Type of Activity	Length of Activity	Location of Activity and with Whom

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	of Meal	and Amount	Type and	Medication Type	relaxed during	Feelings	Feelings
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