**Food Log and Journal Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Day of Week**:Note all food, supplements and activity. | **Day of Week:**Note all food, supplements and activity. | **Day of Week:**Note all food, supplements and activity. |
| **Meal #1** |  |  |  |
| **Meal #2** |  |  |  |
| **Meal #3 (if any)** |  |  |  |
| **Snacks**(if any) |  |  |  |
| **Daily****Totals**(count # ofServs) | Total Protein = Total Carbs =Total Fats = Any Alcohol =Any Dairy or nuts? = | Total Protein = Total Carbs =Total Fats = Any Alcohol =Any Dairy or nuts? = | Total Protein = Total Carbs =Total Fats = Any Alcohol =Any Dairy or nuts? = |
| **Supps Taken**if any |  |  |  |
| **Bowel****Habits**(soft, hard, none?) |  |  |  |
| **Exer-cise** | Type of activity:# of minutes:Intensity (low, moderate, high): | Type of activity:# of minutes:Intensity: | Type of activity:# of minutes:Intensity: |
| DAILYNOTES~~~~\*Energy\*Mood \*Sleep\*Cycle\*Craves\*Other |  |  |  |