

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 # of Servs)	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?)			
Exercise	Type of activity: # of minutes: Intensity (low, moderate, high):	Type of activity: # of minutes: Intensity:	Type of activity: # of minutes: Intensity:
DAILY NOTES ~~~~~ *Energy *Mood *Sleep *Cycle *Craves *Other			