

Day 4 - Date: *Include times and amounts eaten.*

	BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat/Dairy			
Vegetables/Fruits			
Breads/Cereal/Grains			
Fats (butter, oil, nuts)			
Sweets/sugar/junk			
Water Intake (fl.oz)			
Other Drinks			
	MORNING SNACK Time:	AFTERNOON SNACK Time:	NIGHT SNACK Time:
Snack:			
SLEEP: Hours&Times:	SLEEP QUALITY: (poor) 1 2 3 4 5 (good)		
BOWEL MOVEMENTS: (# and consistency)			
How did you feel today?	Why?		

Day 5 - Date: *Include times and amounts eaten.*

	BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat/Dairy			
Vegetables/Fruits			
Breads/Cereal/Grains			
Fats (butter, oil, nuts)			
Sweets/sugar/junk			
Water Intake (fl.oz)			
Other Drinks			
	MORNING SNACK Time:	AFTERNOON SNACK Time:	NIGHT SNACK Time:
Snack:			
SLEEP: Hours&Times:	SLEEP QUALITY: (poor) 1 2 3 4 5 (good)		
BOWEL MOVEMENTS: (# and consistency)			
How did you feel today?	Why?		

Day 6 - Date: *Include times and amounts eaten.*

	BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat/Dairy			
Vegetables/Fruits			
Breads/Cereal/Grains			
Fats (butter, oil, nuts)			
Sweets/sugar/junk			
Water Intake (fl.oz)			
Other Drinks			
	MORNING SNACK Time:	AFTERNOON SNACK Time:	NIGHT SNACK Time:
Snack:			
SLEEP: Hours&Times:	SLEEP QUALITY: (poor) 1 2 3 4 5 (good)		
BOWEL MOVEMENTS: (# and consistency)			
How did you feel today?	Why?		

Day 7 - Date: *Include times and amounts eaten.*

	BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat/Dairy			
Vegetables/Fruits			
Breads/Cereal/Grains			
Fats (butter, oil, nuts)			
Sweets/sugar/junk			
Water Intake (fl.oz)			
Other Drinks			
	MORNING SNACK Time:	AFTERNOON SNACK Time:	NIGHT SNACK Time:
Snack:			
SLEEP: Hours&Times:	SLEEP QUALITY: (poor) 1 2 3 4 5 (good)		
BOWEL MOVEMENTS: (# and consistency)			
How did you feel today?	Why?		