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

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|  | **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?) |  |  |  |
| **Exer-cise** | 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 |  |  |  |

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