

Name: _____ Day/Date: _____ Time Awake: _____ Time to Bed: _____

Instructions:

- 1. Make 3 or more copies of this form or use paper.

- 2. Record everything you eat & drink, including food, drink, water, meds, supplements, herbs, gum for an entire day. (use the other side if needed). Record the time, and feelings before and after.

- 3. Record for a minimum of 3 days. The days need not be sequential, but should be typical.

- 4. Try not to let the act of recording influence your eating & lifestyle activities, you are collecting data.

- 5. Include as much detail as possible: Example: Ham sandwich: What kind of bread? Was the turkey preservative free, Did it include mayonnaise, What kind? Did it have lettuce, What kind, How much? Etc.

- 6. Record exercise and fun activity, include time and for how long

Time	Feelings Before	Food Type and Amount	Liquid Type & Amount	Medications & Supplements	Feelings After
Time		Exercise or Fun Activity		How Long	