

**Day 4 - Date:**

**BREAKFAST** Time: \_\_\_\_\_

**LUNCH** Time: \_\_\_\_\_

**DINNER** Time: \_\_\_\_\_

Meat & Dairy: \_\_\_\_\_

Vegetables & Fruits: \_\_\_\_\_

Breads, Cereals, & Grains: \_\_\_\_\_

Fats (butter, margarine, oils, etc.): \_\_\_\_\_

Candy, Sweets, & Junk Food: \_\_\_\_\_

Water Intake (fl. oz.): \_\_\_\_\_

Other Drinks: \_\_\_\_\_

**MID-MORNING SNACK** Time: \_\_\_\_\_

**MID-DAY SNACK** Time: \_\_\_\_\_

**NIGHTTIME SNACK** Time: \_\_\_\_\_

Snack: \_\_\_\_\_

**Bowel Movements**(# and consistency): \_\_\_\_\_

**Hours of Sleep:** \_\_\_\_\_

**Quality of Sleep:** (good) 1 2 3 4 5 (poor)

**Day 5 - Date:**

**BREAKFAST** Time: \_\_\_\_\_

**LUNCH** Time: \_\_\_\_\_

**DINNER** Time: \_\_\_\_\_

Meat & Dairy: \_\_\_\_\_

Vegetables & Fruits: \_\_\_\_\_

Breads, Cereals, & Grains: \_\_\_\_\_

Fats (butter, margarine, oils, etc.): \_\_\_\_\_

Candy, Sweets, & Junk Food: \_\_\_\_\_

Water Intake (fl. oz.): \_\_\_\_\_

Other Drinks: \_\_\_\_\_

**MID-MORNING SNACK** Time: \_\_\_\_\_

**MID-DAY SNACK** Time: \_\_\_\_\_

**NIGHTTIME SNACK** Time: \_\_\_\_\_

Snack: \_\_\_\_\_

**Bowel Movements**(# and consistency): \_\_\_\_\_

**Hours of Sleep:** \_\_\_\_\_

**Quality of Sleep:** (good) 1 2 3 4 5 (poor)

**Day 6 - Date:**

**BREAKFAST** Time: \_\_\_\_\_

**LUNCH** Time: \_\_\_\_\_

**DINNER** Time: \_\_\_\_\_

Meat & Dairy: \_\_\_\_\_

Vegetables & Fruits: \_\_\_\_\_

Breads, Cereals, & Grains: \_\_\_\_\_

Fats (butter, margarine, oils, etc.): \_\_\_\_\_

Candy, Sweets, & Junk Food: \_\_\_\_\_

Water Intake (fl. oz.): \_\_\_\_\_

Other Drinks: \_\_\_\_\_

**MID-MORNING SNACK** Time: \_\_\_\_\_

**MID-DAY SNACK** Time: \_\_\_\_\_

**NIGHTTIME SNACK** Time: \_\_\_\_\_

Snack: \_\_\_\_\_

**Bowel Movements**(# and consistency): \_\_\_\_\_

**Hours of Sleep:** \_\_\_\_\_

**Quality of Sleep:** (good) 1 2 3 4 5 (poor)

**Day 7 - Date:**

**BREAKFAST** Time: \_\_\_\_\_

**LUNCH** Time: \_\_\_\_\_

**DINNER** Time: \_\_\_\_\_

Meat & Dairy: \_\_\_\_\_

Vegetables & Fruits: \_\_\_\_\_

Breads, Cereals, & Grains: \_\_\_\_\_

Fats (butter, margarine, oils, etc.): \_\_\_\_\_

Candy, Sweets, & Junk Food: \_\_\_\_\_

Water Intake (fl. oz.): \_\_\_\_\_

Other Drinks: \_\_\_\_\_

**MID-MORNING SNACK** Time: \_\_\_\_\_

**MID-DAY SNACK** Time: \_\_\_\_\_

**NIGHTTIME SNACK** Time: \_\_\_\_\_

Snack: \_\_\_\_\_

**Bowel Movements**(# and consistency): \_\_\_\_\_

**Hours of Sleep:** \_\_\_\_\_

**Quality of Sleep:** (good) 1 2 3 4 5 (poor)