

Food Journal, liquid and Sleep Journal



Please do not change your normal eating habits. We need to see what is going in your system to maximize your results.

* For amounts we only need a general idea.

Date:				
Time	Discription	Amount*	Liquid	Ounces
Breakfast				
Snack				
Lunch				
Snack				
Dinner				
Snack				

Date:				
Time	Discription	Amount*	Liquid	Ounces
Breakfast				
Snack				
Lunch				
Snack				
Dinner				
Snack				

Date:				
Time	Discription	Amount*	Liquid	Ounces
Breakfast				
Snack				
Lunch				
Snack				
Dinner				
Snack				

	Reasons for Awaking	Bed Time	Times Disrupted
Night 1			
Night 2			
Night 3			