



3-Day Food & Activity Journal

Name: _____ Day: _____ Date: _____

NUTRITION

TIME	LENGTH OF MEAL	FOOD TYPE & AMOUNT	LIQUID TYPE & AMOUNT	SUPPLEMENT & MEDICATION TYPE & AMOUNT	WHERE & WITH WHOM	FEELINGS/ENERGY BEFORE MEAL	FEELINGS/ENERGY AFTER MEAL

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ACTIVITY & EXERCISE

TIME/ENERGY/EMOTIONS BEFORE AND AFTER ACTIVITY	TYPE OF ACTIVITY	LENGTH OF ACTIVITY	LOCATION OF ACTIVITY & WITH WHOM

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