

Name \_\_\_\_\_

Date \_\_\_\_\_

Please fill in the form as accurately as possible. List the food that you have eaten and drank in the past three days. The food and drink that you are eating and drinking maybe contributing to the state of health that you are in. If you do not eat a meal or snack during the day leave that space blank.

**Day 1 - Date**

**Day 2 - Date**

**Day 3 - Date**

	<b>Day 1 - Date</b>	<b>Day 2 - Date</b>	<b>Day 3 - Date</b>
<b>Breakfast</b>			
<b>Snack</b>			
<b>Lunch</b>			
<b>Snack</b>			
<b>Dinner</b>			
<b>Snack/Dessert</b>			
<b>Liquids for the day</b>			
<b>How did you feel that day</b>			