



Nutrition & Activity Journal - Day 1

Name: _____

Date: _____

Nutrition

Time	Length of meal	Food Type & Amount	Liquid type & Amount	Supplement & Medication type & amount	Feelings/Energy before meal	Feelings/Energy after meal

Daily Activity & Exercise

Time/Energy/Emotions before and after activity	Type of activity	Length of activity	Location of activity & with whom



Nutrition & Activity Journal - Day 2

Name: _____

Date: _____

Nutrition

Time	Length of meal	Food Type & Amount	Liquid type & Amount	Supplement & Medication type & amount	Feelings/Energy before meal	Feelings/Energy after meal

Daily Activity & Exercise

Time/Energy/Emotions before and after activity	Type of activity	Length of activity	Location of activity & with whom



Nutrition & Activity Journal - Day 3

Name: _____

Date: _____

Nutrition

Time	Length of meal	Food Type & Amount	Liquid type & Amount	Supplement & Medication type & amount	Feelings/Energy before meal	Feelings/Energy after meal

Daily Activity & Exercise

Time/Energy/Emotions before and after activity	Type of activity	Length of activity	Location of activity & with whom