

Reintroduction

Smoothie _____

Breakfast _____

Snack _____

Lunch _____

Smoothie/Snack _____

Dinner _____

Beverages _____

Food group being reintroduced: Dairy Grains Eggs Other _____

How do you feel after eating this food? Better Worse

Describe _____

How many ounces of water? ____ Exercise? Y N How many minutes? ____

Energy: Low Med High Digestion: Good Poor # of Bowel Movements _____

Food and Lifestyle Experiences Journal



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