What did you eat today?

Smoothie_____

Breakfast_____

Snack_____

Lunch_____

Smoothie/Snack_____

Dinner _____

Beverages_____

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

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

How are you feeling?_____

Food and Lifestyle Experiences Journal

What did you eat today?

Smoothie_____

Breakfast_____

Snack_____

Lunch_____

Smoothie/Snack_____

Dinner _____

Beverages_____

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

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

How are you feeling?_____

What did you eat today?

Smoothie_____

Breakfast_____

Snack_____

Lunch_____

Smoothie/Snack_____

Dinner _____

Beverages_____

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

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

How are you feeling?_____

Food and Lifestyle Experiences Journal

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

How are you feeling?_____