

# Yourwellness Journal



...Caring for the whole you

Please write down absolutely everything you eat & drink in a seven-day period. Exact measurements are necessary as well as brand names of processed food. **IMPORTANT: Do not change anything from your current diet to get the most out of the feedback you receive.** This is important so we can evaluate your typical habits. Please list all liquids you consume (not water) with your daily meals (tea, coffee, pop, etc.) Make a note of any foods that cause a reaction (bloating, tired, headache, constipation, etc.) in the comments section. [Please call 306-783-0078 if you have questions.](tel:306-783-0078)

DAY	BREAKFAST	LUNCH	SNACK	DINNER	DESSERT/SNACK	COMMENTS	
1							WATER
							cups
							B.M.'S
	Time:	Time:	Time:	Time:	Time:		
2							WATER
							cups
							B.M.'s
	Time:	Time:	Time:	Time:	Time:		
3							WATER
							cups
							B.M.'s
		Time:	Time:	Time:	Time:		

NAME: \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

