

Your wellness 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. It is important 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 (bloated, 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:	Time:		

NAME: _____

DATES: FROM _____ TO _____

DAY	BREAKFAST	LUNCH	SNACK	DINNER	DESSERT/SNACK	COMMENTS	
4							WATER
							cups
							B.M.'S
	Time:	Time:	Time:	Time:	Time:		
5							WATER
							cups
							B. M.'s
	Time:	Time:	Time:	Time:	Time:		
6							WATER
							cups
							B.M.'s
	Time:	Time:	Time:	Time:	Time:		
7							WATER
							cups
							B.M.'s
	Time:	Time:	Time:	Time:	Time:		