



	WEEKDAY 1	WEEKDAY 2	WEEKDAY 3
DATE	DATE	DATE	DATE
FLUID/FOOD INTAKE BEFORE BREAKFAST			
BREAKFAST	Time:	Time:	Time:
SNACK			
LUNCH	Time:	Time:	Time:
SNACK			
DINNER	Time:	Time:	Time:
AFTER DINNER			
SLEEP (rating 1: good, 7: very bad)			
SYMPTOMS - PHYSICAL (rating 1: good, 7: very bad)			
SYMPTOMS - EMOTIONS (rating 1: good, 7: very bad)			

	WEEKEND 1	WEEKEND 2	<p>HOW TO FILL THIS FORM:</p> <ul style="list-style-type: none"> - Pick 3 "normal" days in weekdays and 2 days in weekends. - Put the date - Write down everything you ingest, either fluid or food. Put weight and exact type of food. The more details are better. - Put the time of your 3 main meals - Put ratings on your SLEEP and any physical and emotional symptoms. 1 is very good, 7 is very bad.
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SNACK			
DINNER	Time:	Time:	
AFTER DINNER			
SLEEP (rating 1: good, 7: very bad)			
SYMPTOMS - PHYSICAL (rating 1: good, 7: very bad)			
SYMPTOMS - EMOTIONS (rating 1: good, 7: very bad)			