



Diet, Nutrition & Lifestyle Journal—1 Day

Patient Name _____

Date _____

Food Plan Type _____

Day 1

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Mid-AM Snack Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Lunch Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Mid-PM Snack Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Dinner Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
PM Snack Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Bed Time		

P: Proteins; F: Fats; C: Carbohydrates; R: Red; O: Orange; Y: Yellow; G: Green; B/P/BL: Blue/Purple/Black; W/T/BR: White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity _____(hrs) Quality: Poor Fair Good Relaxation Yes No Type/Amount:	Type, Duration, & Intensity Aerobic: Strength: Flexibility:	Stress reduction practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual