

Daily Nutrition and Lifestyle Journal

Please log 3 days of eating and email or bring to your appointment.

Date: _____

Name: _____

NUTRITION

Time	Length of Meal	Food Type and Amount	Beverage Type and Amount	Supplement and Medication Type and Amount	Tense or relaxed during meal?	Symptoms / Feelings Before Meal	Symptoms/ Feelings After Meal

LIFESTYLE

Time / Energy / Emotions Before and After Activity	Type of Activity	Length of Activity	Location of Activity and with Whom

MY BODY WISDOM

Make friends with your body for life

www.mybodywisdom.net

Anasuya Basil, NC, Dipl. ABT, CST

anasuya@mybodywisdom.net

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