

Daily Food, Mood & Elimination Log (Fill out one (1) sheet per day, for a minimum of 5 days)

Date: _____

FOOD & DRINK						ADDITIONAL INFO
Time?	Place?	How Much?	Why Eat?	Brand?	Ingredients?	Bowel Movements:
						# of Urination (color):
						Water total, type:
Time?	Place?	How Much?	Why Eat?	Brand?	Ingredients?	Day Activities:
						Exercise:
						Sleep rise and fall:
Time?	Place?	How Much?	Why Eat?	Brand?	Ingredients?	Stress level:
						Mood / Energy Level:

Additional Notes for the day: _____

