Name: _____ Dates: ___/___/___ to ___/___/___

Please indicate all foods and liquids consumed throughout the day, including the amounts of each.

Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**
Breakfast:	Breakfast:	Breakfast:	Breakfast:	Breakfast:	Breakfast:	Breakfast:
Snack:	Snack:	Snack:	Snack:	Snack:	Snack:	Snack:
Lunch:	Lunch:	Lunch:	Lunch:	Lunch:	Lunch:	Lunch:
Snack:	Snack:	Snack:	Snack:	Snack:	Snack:	Snack:
Dinner:	Dinner:	Dinner:	Dinner:	Dinner:	Dinner:	Dinner:
Snack:	Snack:	Snack:	Snack:	Snack:	Snack:	Snack:
Symptoms:	**Symptoms:**	**Symptoms:**	**Symptoms:**	**Symptoms:**	**Symptoms:**	**Symptoms:**