





Name:      Date:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Food & Drink  (Be as specific as possible with ingredients) | What do you notice?  Rate 1 (low) – 10 (high) | Poop  (Use Bristol Stool Chart) |
| Morning |  |  |  |
| Mid Morning |  |  |  |
| Lunch |  |  |  |
| Afternoon |  |  |  |
| Dinner |  |  |  |
| Late Evening |  |  |  |

8 oz of water:

Bed time previous night:       Wake time:       Number of times I woke up in the night:

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