Name: Date:

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| --- | --- | --- |
| Write down everything you eat and drink for three days, including all snacks, beverages, and water. Please include approximate amounts. If you notice any mood or digestive changes associated with a meal/snack, record it in the right-hand column. | | |
| **Meal** | **Beverages** | **Mood/Digestive Changes** |
| **Breakfast (Time: )** |  |  |
| **Snacks (Time: )** |  |  |
| **Lunch (Time: )** |  |  |
| **Snacks (Time: )** |  |  |
| **Dinner (Time: )** |  |  |
| **Snacks (Time: )** |  |  |

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