Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name____ Date______________

Food Plan Type:____

Day 1

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-AM Snack **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Lunch **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-PM Snack **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Dinner **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
PM Snack **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Bed Time		

P: Proteins; F: Fats; C: Carbohydrates; R: Red; O: Orange; Y: Yellow; G: Green; B/P/BL: Blue/Purple/Black; W/T/BR: White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity: ______ (hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	Type, Duration, & Intensity ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress Reduction Practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual

Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name________________________________ Date______________

Food Plan Type:____

Day 2

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast **Time**		______ P ______ F ______ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-AM Snack **Time**		______ P ______ F ______ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Lunch **Time**		______ P ______ F ______ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-PM Snack **Time**		______ P ______ F ______ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Dinner **Time**		______ P ______ F ______ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
PM Snack **Time**		______ P ______ F ______ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Bed Time		

P: Proteins; F: Fats; C: Carbohydrates; R: Red; O: Orange; Y: Yellow; G: Green; B/P/BL: Blue/Purple/Black; W/T/BR: White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity: ______ (hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	Type, Duration, & Intensity ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress Reduction Practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual

Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name________________________________ Date__________

Food Plan Type:________________________________

Day 3

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-AM Snack **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Lunch **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-PM Snack **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Dinner **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
PM Snack **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Bed Time		

P: Proteins; F: Fats; C: Carbohydrates; R: Red; O: Orange; Y: Yellow; G: Green; B/P/BL: Blue/Purple/Black; W/T/BR: White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity: ______ (hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	Type, Duration, & Intensity ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress Reduction Practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual

Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name________________________________ Date______________

Food Plan Type:________________________________

Day 4

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast **Time**		_____ P _____ F _____ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-AM Snack **Time**		_____ P _____ F _____ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Lunch **Time**		_____ P _____ F _____ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-PM Snack **Time**		_____ P _____ F _____ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Dinner **Time**		_____ P _____ F _____ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
PM Snack **Time**		_____ P _____ F _____ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Bed Time		

***P**: Proteins; **F**: Fats; **C**: Carbohydrates; **R**: Red; **O**: Orange; **Y**: Yellow; **G**: Green; **B/P/BL**: Blue/Purple/Black; **W/T/BR**: White/Tan/Brown*

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity: ______ (hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	Type, Duration, & Intensity ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress Reduction Practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual

Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name____ Date______________

Food Plan Type:____

Day 5

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-AM Snack **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Lunch **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-PM Snack **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Dinner **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
PM Snack **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Bed Time		

__P__: Proteins; __F__: Fats; __C__: Carbohydrates; __R__: Red; __O__: Orange; __Y__: Yellow; __G__: Green; __B/P/BL__: Blue/Purple/Black; __W/T/BR__: White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity: ______ (hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	Type, Duration, & Intensity ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress Reduction Practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual

Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name______________________________ Date______________

Food Plan Type:____________________________________

Day 6

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast **Time**		______ P ______ F ______ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-AM Snack **Time**		______ P ______ F ______ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Lunch **Time**		______ P ______ F ______ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-PM Snack **Time**		______ P ______ F ______ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Dinner **Time**		______ P ______ F ______ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
PM Snack **Time**		______ P ______ F ______ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Bed Time		

***P**: Proteins; **F**: Fats; **C**: Carbohydrates; **R**: Red; **O**: Orange; **Y**: Yellow; **G**: Green; **B/P/BL**: Blue/Purple/Black; **W/T/BR**: White/Tan/Brown*

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity: _____ (hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	Type, Duration, & Intensity ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress Reduction Practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual

Diet, Nutrition, and Lifestyle Journal – 7 Day

Patient Name______________________________ Date______________

Food Plan Type:______________________________

Day 7

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-AM Snack **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Lunch **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Mid-PM Snack **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Dinner **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
PM Snack **Time**		________ P ________ F ________ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR
Bed Time		

***P**: Proteins; **F**: Fats; **C**: Carbohydrates; **R**: Red; **O**: Orange; **Y**: Yellow; **G**: Green; **B/P/BL**: Blue/Purple/Black; **W/T/BR**: White/Tan/Brown*

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity: ______ (hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	Type, Duration, & Intensity ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress Reduction Practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual