

Instructions: Please record your food and beverage intake for 3 days. Include two weekdays and one weekend day. In the symptoms section, note any changes you may experience. This may include increased energy, fatigue, headache, digestive reactions, etc.

<p>BREAKFAST</p> <p>Proteins:</p> <p>Fats:</p> <p>Carbs:</p> <p>Beverages:</p> <p>Water: # oz. ____</p> <p>Mid-morning snack:</p> <p>Symtoms:</p>	<p>LUNCH</p> <p>Proteins:</p> <p>Fats:</p> <p>Carbs:</p> <p>Beverages:</p> <p>Water: # oz. ____</p> <p>Mid-afternoon snack:</p> <p>Symtoms:</p>	<p>DINNER</p> <p>Proteins:</p> <p>Fats:</p> <p>Carbs:</p> <p>Beverages:</p> <p>Water: # oz. ____</p> <p>After dinner snack:</p> <p>Symtoms:</p> <p style="text-align: right;">BM total ____</p>
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