

Please include **everything you eat and drink**, even condiments, gum, candy, etc. Be sure to list the **amounts of each item**, be detailed. Thanks!

DAY 1 Date:

| | | |
|--|--|--|
| BREAKFAST time: | LUNCH time: | DINNER time: |
| | | |
| Changes in mood or digestion: | Changes in mood or digestion: | Changes in mood or digestion: |
| # of bowel movements: | Hours of sleep: | Quality of sleep: |

DAY 2 Date:

| | | |
|--|--|--|
| BREAKFAST time: | LUNCH time: | DINNER time: |
| | | |
| Changes in mood or digestion: | Changes in mood or digestion: | Changes in mood or digestion: |
| # of bowel movements: | Hours of sleep: | Quality of sleep: |

DAY 3 Date:

| | | |
|--|--|--|
| BREAKFAST time: | LUNCH time: | DINNER time: |
| | | |
| Changes in mood or digestion: | Changes in mood or digestion: | Changes in mood or digestion: |
| # of bowel movements: | Hours of sleep: | Quality of sleep: |