

## Diet, Nutrition, and Lifestyle Journal – 3 Day

Patient Name	Date										
Food Plan Type:											
Day 1											
Day Event	Food & D	rink Intake (include type, amo	unt, brand)	Mac	ronuti	rients	(PFC)	and Phyt	onutrients		
Rising Time											
Breakfast <b>Time</b>				R	□ <b>o</b>	P	□ <b>G</b>	F B/P/BL	C		
Mid-AM Snack Time				R	0	P _	□ <b>G</b>	F	C		
Lunch Time						P		F B/P/BL	C		
Mid-PM Snack				ы <b>к</b>				F			
Time				□ R	0	O Y		□ B/P/BL			
Dinner <b>Time</b>				R	<b>0</b>	P □ Y		F B/P/BL			
PM Snack Time				R		P _	□G		C		
Bed Time											
P: Proteins; F: Fats	s; <b>c</b> : Carbohyo	drates; <b>R</b> : Red; <b>O</b> : Orange; <b>Y</b> : Ye	ellow; <b>G</b> : Gre	een; <b>B/</b>	<b>P/BL</b> : Bi	lue/Purp	ole/Blac	k; <b>W/T/BR</b> : V	Vhite/Tan/Brov		
Sleep & Relaxation Exercise & Movement			Stress								
Sleep Quantity: (hours) Quality: Poor Pair Good Relaxation Yes No Type/Amount:		Type, Duration, & Intensity ☐ Aerobic:	Stress Rec	duction Practices:			Supporting:				
		□ Strength:				Non-supporting:					
		☐ Flexibility:									
Mental Emotional					Spiritual						



## Diet, Nutrition, and Lifestyle Journal – 3 Day

Patient Name Food Plan Type:	Date										
Day 2											
Day Event	Food & D	rink Intake	(include type, amo	unt, brand)	Мас	ronut	rients	(PFC)	and Phyt	onutrien	ts
Rising Time											
Breakfast <b>Time</b>					R	0	P _		F B/P/BL		_
Mid-AM Snack <b>Time</b>					R	0	P _		F B/P/BL		_
Lunch Time		R	0	P _		F B/P/BL		_			
Mid-PM Snack <b>Time</b>						0	P _		F B/P/BL		_
Dinner Time		□ R	0	P _		F B/P/BL		_			
PM Snack Time						0			FF		
Bed Time											
P: Proteins; <b>F</b> : Fats	s; <b>c</b> : Carbohyo	drates; <b>R</b> : Re	d; <b>0</b> : Orange; <b>Y</b> : Ye	llow; <b>G</b> : Gre	een; <b>B/</b>	<b>P/BL</b> : B	lue/Purp	ole/Blac	k; <b>W/T/BR</b> : V	Vhite/Tan/B	3rowi
Sleep & Relo	axation	Exercise	& Movement	Stress	Stress Relationships						
Sleep Quantity: (hours) Quality:			rs) 🗖 Aerobic:			duction Practices:			Supporting:		
□ Poor □ Fair □  Relaxation □ Yes □ No	□Poor □Fair □Good  Relaxation					Stressors:				Non-supporting:	
Type/Amount:		☐ Flexibility									
Mental			Emotional		Spiritual						





## Diet, Nutrition, and Lifestyle Journal – 3 Day

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Patient Name Food Plan Type:	Date											
Day 3												
Day Event	Food & D	rink Intake	(include type, amo	unt, brand)	Мас	ronuti	rients	(PFC)	and Phyt	onutrien	ts	
Rising Time												
Breakfast <b>Time</b>					R	<b>0</b>	P		F B/P/BL			
Mid-AM Snack Time					R	□ <b>o</b>	P		F B/P/BL			
Lunch Time		R	_ O	P		F B/P/BL						
Mid-PM Snack Time						<b>0</b>	P		F B/P/BL		C BR	
Dinner <b>Time</b>		R	_ o	P		F B/P/BL						
PM Snack <b>Time</b>						□ <b>o</b>			F B/P/BL			
Bed Time												
P: Proteins; <b>F</b> : Fats	s; <b>c</b> : Carbohyo	drates; <b>R</b> : Re	d; <b>0</b> : Orange; <b>Y</b> : Ye	llow; <b>G</b> : Gre	een; <b>B/</b>	<b>P/BL</b> : B	lue/Purp	ole/Blaci	k; <b>W/T/BR</b> : V	Vhite/Tan/Br	rowr	
Sleep & Relo	axation	Exercise	& Movement	Stress	Stress Relationships							
Sleep Quantity: (hours) Quality: Poor Fair Good Relaxation Yes No Type/Amount:		Type, Dura	tion, & Intensity	luction	Practice	es:	Supporting:					
		□ Strength: □ Flexibility:			Stressors:				Non-supporting:			

