



PALO ALTO
NUTRITION

Daily Journal

Name: _____

Date: _____

Meal	Beverage	Mood/Digestive Changes	BM
Breakfast (Time: _____)			
Snacks (Time: _____)			
Lunch (Time: _____)			
Snacks (Time: _____)			
Dinner (Time: _____)			
Snacks (Time: _____)			
Exercise & Stress Relief:			
Bedtime:			

Day 2

Meal	Beverage	Mood/Digestive Changes	BM
Breakfast (Time:_____)			
Snacks (Time:_____)			
Lunch (Time:_____)			
Snacks (Time:_____)			
Dinner (Time:_____)			
Snacks (Time:_____)			
Exercise:			
Bedtime:			

Day 3

Meal	Beverage	Mood/Digestive Changes	BM
Breakfast (Time:_____)			
Snacks (Time:_____)			
Lunch (Time:_____)			
Snacks (Time:_____)			
Dinner (Time:_____)			
Snacks (Time:_____)			
Exercise:			
Bedtime:			