

DAILY Nutrition, Activity, and Exercise Journal

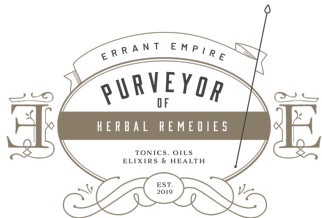
Name: _____ Day: _____ Date: _____

NUTRITION

TIME	LENGTH OF MEAL	FOOD TYPE & AMOUNT	LIQUID TYPE & AMOUNT	SUPPLEMENT & MEDICATION TYPE & AMOUNT	WHERE & WITH WHOM	FEELINGS/ENERGY BEFORE MEAL	BOWEL MOVEMENT

ACTIVITY & EXERCISE

TIME/ENERGY/EMOTIONS BEFORE AND AFTER ACTIVITY	TYPE OF ACTIVITY	LENGTH OF ACTIVITY	LOCATION OF ACTIVITY & WITH WHOM



www.ErrantEmpireHerbalMedicine.com

Herbalist@errantherbal.com