



# Diet, Nutrition & Lifestyle Journal—3 Day

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Food Plan Type \_\_\_\_\_

## Day 1

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast Time		_____ P _____ F _____ C R O Y G B/P/BL W/T/BR
Mid-AM Snack Time		_____ P _____ F _____ C R O Y G B/P/BL W/T/BR
Lunch Time		_____ P _____ F _____ C R O Y G B/P/BL W/T/BR
Mid-PM Snack Time		_____ P _____ F _____ C R O Y G B/P/BL W/T/BR
Dinner Time		_____ P _____ F _____ C R O Y G B/P/BL W/T/BR
PM Snack Time		_____ P _____ F _____ C R O Y G B/P/BL W/T/BR
Bed Time		

P: Proteins; F: Fats; C: Carbohydrates; R: Red; O: Orange; Y: Yellow; G: Green; B/P/BL: Blue/Purple/Black; W/T/BR: White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
<b>Sleep</b> Quantity _____(hrs) Quality: Poor Fair Good <b>Relaxation</b> Yes No Type/Amount:	<b>Type, Duration, &amp; Intensity</b> Aerobic:  Strength:  Flexibility:	Stress reduction practices:  Stressors:	Supporting:  Non-supporting:

Mental	Emotional	Spiritual



THE INSTITUTE FOR  
FUNCTIONAL  
MEDICINE®

# Diet, Nutrition & Lifestyle Journal—3 Day

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Food Plan Type \_\_\_\_\_

## Day 2

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Mid-AM Snack Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Lunch Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Mid-PM Snack Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Dinner Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
PM Snack Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Bed Time		

P: Proteins; F: Fats; C: Carbohydrates; R: Red; O: Orange; Y: Yellow; G: Green; B/P/BL: Blue/Purple/Black; W/T/BR: White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
<b>Sleep</b> Quantity _____(hrs) Quality: Poor Fair Good <b>Relaxation</b> Yes No Type/Amount:	<b>Type, Duration, &amp; Intensity</b> Aerobic:  Strength:  Flexibility:	Stress reduction practices:  Stressors:	Supporting:  Non-supporting:

Mental	Emotional	Spiritual



THE INSTITUTE FOR  
FUNCTIONAL  
MEDICINE®

# Diet, Nutrition & Lifestyle Journal—3 Day

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Food Plan Type \_\_\_\_\_

## Day 3

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time		
Breakfast Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Mid-AM Snack Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Lunch Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Mid-PM Snack Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Dinner Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
PM Snack Time		_____P _____F _____C R O Y G B/P/BL W/T/BR
Bed Time		

P: Proteins; F: Fats; C: Carbohydrates; R: Red; O: Orange; Y: Yellow; G: Green; B/P/BL: Blue/Purple/Black; W/T/BR: White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
<b>Sleep</b> Quantity _____(hrs) Quality: Poor Fair Good <b>Relaxation</b> Yes No Type/Amount:	<b>Type, Duration, &amp; Intensity</b> Aerobic:  Strength:  Flexibility:	Stress reduction practices:  Stressors:	Supporting:  Non-supporting:

Mental	Emotional	Spiritual