

Please complete the following table carefully and accurately. List in detail the quantity and nature of all food consumed (ie: frozen, canned, organic, etc) including any condiments.

MEAL	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
BREAKFAST							
SNACK							
LUNCH							
SNACK							
DINNER							
SNACK							
WATER (cups per day)							
# OF BOWEL MOVEMENTS							
SLEEP (hours)							
ENERGY (1-5)							
DIGESTION <i>Bloating? Cramps? Nausea? Gas?</i>							