



# LIVING NUTRITION

WELLNESS

## Food, Liquid, and Activity Form

**Guidelines:** Write down **EVERYTHING** you eat for meals and snacks (be sure to include amounts (i.e. cup, tablespoon) or portion size). List **BRAND NAMES** of foods you bought in a supermarket. List **EXACT INGREDIENTS** of home-made foods. The purpose of this record is NOT to judge your eating habits, but to learn more about your nutritional and biochemical needs and strengths. The scale of 1 to 5 indicates 5 being “the most” and 1 being “the least”.

Name:

Date:

**Morning Meal:**

Time:

Hunger Level Before  
(1-5):

Satisfaction Level  
After (1-5):

Energy Level After  
(1-5):

Nourishment Level  
(1-5):

**Snack:**

Time:

Hunger Level Before  
(1-5):

Satisfaction Level  
After (1-5):

Energy Level After  
(1-5):

Nourishment Level  
(1-5):

**Mid-Day Meal:**

Time:

Hunger Level Before  
(1-5):

Satisfaction Level  
After (1-5):

Energy Level After  
(1-5):

Nourishment Level  
(1-5):

**Snack:**

Time:

Hunger Level Before  
(1-5):

Satisfaction Level  
After (1-5):

Energy Level After  
(1-5):

Nourishment Level  
(1-5):

**Evening Meal:**

Time:

Hunger Level Before  
(1-5):

Satisfaction Level  
After (1-5):

Energy Level After  
(1-5):

Nourishment Level  
(1-5):

**Snack:**

Time:

Hunger Level Before  
(1-5):

Satisfaction Level  
After (1-5):

Energy Level After  
(1-5):

Nourishment Level  
(1-5):

**Water / Drinks** (not listed with meals above):

**Physical Activity / Exercise** (Type):

Duration:

**Relaxation** (Type):

Duration:

**Sleep:**

Bed Time:

Wake Up Time:

# of times you  
wake up at night:

Reason:

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**Nutritional Supplements and Medications (dose and frequency):**

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**Bowel Movements** (Include time of each BM and if it was formed (F), diarrhea (D), or constipation (C):

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**Health Symptoms:**

**Check all that  
apply:**

Typical Day

Work Day

Day Off

Unusual Day

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