Medication and Supplement Log/Food Diary

Name: _____

Please List Medications First **Date:** _____

Name of Medication or Supplement (if medication, put dosage)	Total Number per Day

Food Diary: List everything you ate and drank for the last three days:

DAY 1

Breakfast: _____

Lunch: _____

Supper: _____

Snack (specify time): _____

DAY 2

Breakfast: _____

Lunch: _____

Supper: _____

Snack (specify time): _____

DAY 3

Breakfast: _____

Lunch: _____

Supper: _____

Snack (specify time): _____