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**

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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): _____

_____

Supplement Log Continued

Name: _____

Please List Medications First   **Date:** _____

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

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Supplement Log Continued

Name: _____

Please List Medications First   **Date:** _____

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

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