|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MEAL | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
| Breakfast  Time: |  |  |  |  |  |
| Snack  Time:  (If applicable. Put n/a if not) |  |  |  |  |  |
| Lunch  Time: |  |  |  |  |  |
| Snack  Time:  (If applicable. Put n/a if not) |  |  |  |  |  |
| Dinner  Time: |  |  |  |  |  |
| Snack  Time:  (If applicable. Put n/a if not) |  |  |  |  |  |
| TOTAL DAILY FIBRE: |  |  |  |  |  |
| TOTAL DAILY WATER INTAKE: |  |  |  |  |  |
| ENERGY LEVELS & MOOD (Please provide as much details as possible ie very tired all day, needed a nap at 2pm, etc. very irritable, happy and calm, etc) |  |  |  |  |  |

NAME:

DATE:

*\*Please fill in the above 5-day food record. Please include with each meal all drinks (ie coffee with 2 cream), and condiments. For packaged foods, please include brand names. Please also include if the meal was eaten at home or at a restaurant.*

*\*\*For your energy and moods levels, please be descriptive as possible including times of energy slumps, etc. Please also make a note if you worked out on that day*