

DAY:

DATE:

CHALLENGE:

INTAKE

foods, drinks, vitamins, medicines

SYMPTOMS

include severity * & other remarks **

BREAKFAST:

Morning snack:

LUNCH:

Afternoon snack:

EVENING MEAL:

Evening snack:

* SEVERITY: mild = 1, moderate = 2, severe = 3

** OTHER REMARKS: eg. infections, social occasions, stressful events etc.