

NEW CLIENT JOURNAL - Past Three Days or Daily

Name _____

Date _____

Wake-Up Time: _____

Breakfast: _____

Meal Description:

Dinner Time: _____

Meal Description:

Mid-Morning Snack Time: _____

Snack Description:

After Dinner Snack Time: _____

Snack Description:

Lunch Time: _____

Meal Description

Beverages:

Mid-Afternoon Snack Time: _____

Snack Description:

Exercise/Sleep (detail type and duration)