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FOOD, LIQUID, and ACTIVITY FORM

Client Name:_____ **Date:** _____

Please check all that apply: ☐ **Typical Day** ☐ **Work Day** ☐ **Day Off** ☐ **Unusual Day**

Food and Liquid Consumed	Portion Size	Nourishing/ Depleting	Time	Hunger Level Before 1-5	Satisfaction After 1-5	Energy Level After 1-5	Supplemental Dose	Activity Type and Duration
Breakfast								
Lunch								
Dinner								
Snacks								