

NUTRITIONAL CHECK SHEET

INSERT NUMBER WHERE SYMPTOMS OCCUR

PLEASE LIST YOUR SYMPTOMS HERE:

DAY/DATE	BREAKFAST	MID-MORNING	LUNCH	TEA	DINNER	SUPPER	SLEEP	
MONDAY							RESTLESS	1)
							BAD	.....
							GOOD	.....
							FAIR	2)
TUESDAY							DREAMS	.....
							RESTLESS	3)
							BAD	.....
							GOOD	.....
WEDNESDAY							FAIR	4)
							DREAMS	.....
							RESTLESS	5)
							BAD	.....
THURSDAY							GOOD	6)
							FAIR	.....
							DREAMS	.....
							RESTLESS	7)
FRIDAY							BAD	.....
							GOOD	8)
							FAIR	.....
							DREAMS	9)
SATURDAY							RESTLESS	.....
							BAD	11)
							GOOD	.....
							FAIR	12)
SUNDAY							DREAMS	.....
							RESTLESS	13)
							BAD	.....
							GOOD	14)
						FAIR	.....
						DREAMS	.....