

Ocean View Nutrition

Diet/Activity Journal Directions: Please indicate portion size, organic/non, oz. of liquids, supplement brands/quantities, mood/energy, etc.

Client Name Sample Page

Ph. _____

Date _____

	Food	Drink	Medications / Supplements	How did you feel before? after?	Bowel Movement	Exercise	Sleep (total no. hours)
Breakfast Time 8am	1 cup organic steel-cut oatmeal cooked ½ cup organic whole milk ¼ organic raw walnuts 2 tbsp raw pumpkin seeds ½ medium banana	12oz water w lemon before meal 8oz coffee w meal	1 tsp 1 PRL Probiotic	Before: starving / a little jittery / weak After: energized / ready for the day	Yes: 30 minutes after waking		7 hours used three drops of herb tonic before bed
Snack(s) Time 10am	4 small organic carrots dipping them in homemade plain hummus (¼ cup) 4 black sesame seed crackers	8oz water during exercise and 8oz following snack		Ate after exercise Before: hungry / mind a little scattered from stress of deadlines After: calmer / stomach felt a little too full		1 hour walking the hills and steps up the street/ heart rate raised in intervals	
Lunch Time							
Snack (s) Time							
Dinner Time							
Before Bed							

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