



Nutrition Matters, LLC

Guidance you can live with!

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Please complete this food log form and bring it with you to your scheduled appointment.

Following the sample provided, please list everything you consume throughout the day and the amount. Try to be as accurate as possible, including items such as soda, candy, gum, water, etc. Also, please be as specific as possible when stating the item consumed, such as "2% milk" rather than writing "milk". ***If you are testing your blood sugar regularly, please also include the results noting if it was fasting or not.***

NAME: _____ Day 1

Circle the day this log is for: Mon. Tue. Wed. Thurs. Fri. Sat. Sun.

<u>Time of Day</u>	<u>Item Consumed</u>	<u>Amount</u>	<u>Environment and Feelings</u>

NAME: _____

Day 2

Circle the day this log is for: Mon. Tue. Wed. Thurs. Fri. Sat. Sun.

<u>Time of Day</u>	<u>Item Consumed</u>	<u>Amount</u>	<u>Environment and Feelings</u>