



Optimal Wellness Nutrition

www.optimalwellnessnutrition.com

FOOD, LIQUID, and ACTIVITY FORM for _____ Date: _____

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
<i>Breakfast</i>								
<i>Lunch</i>								
<i>Dinner</i>								
<i>Snacks</i>								

Check all that apply: Typical Day Work Day Day off Unusual Day

Food, Liquid, and Activity Form

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fax: 831-250-7574 or
 email: darlene@optimalwellnessnutrition.com

