MELBOURNE FUNCTIONAL MEDICINE

Nutrition Reaction Diary
Confidential

		Patient Name:	
		Date:	
Morning Meal Time:		Reaction: Time:	
Snack Time:		Reaction: Time:	
Lunch Time:		Reaction: Time:	
Snack Time:		Reaction: Time:	
Dinner Time:		Reaction: Time:	

How was your sleep quality?

Did you wake during the night? Time(s):

Reasons why?

Did you have night sweats?

Did you wake up refreshed today or tired?

Did you start slow this morning?

If yes, how long did it take you to feel alert?

Bowel movements: Size,Shape,Colour? 1).

2). 4).

3). 5).

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