THE INSTITUTE FOR FUNCTIONAL MEDICINE®

Diet, Nutrition & Lifestyle Journal—7 Day

Patient Name _____

Date _____

Food Plan Type _____

Day 1

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Breakfast **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-AM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Lunch **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Dinner **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Bed **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR

P: Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity _____(hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	**Type, Duration, & Intensity** ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress reduction practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual

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Diet, Nutrition & Lifestyle Journal—7 Day

Patient Name _____

Date _____

Food Plan Type _____

Day 2

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Breakfast **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-AM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Lunch **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Dinner **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Bed **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR

P: Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity _____(hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	**Type, Duration, & Intensity** ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress reduction practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual

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Diet, Nutrition & Lifestyle Journal—7 Day

Patient Name _____

Date _____

Food Plan Type _____

Day 3

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Breakfast **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-AM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Lunch **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Dinner **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Bed **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR

P: Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity _____(hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	**Type, Duration, & Intensity** ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress reduction practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual

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Diet, Nutrition & Lifestyle Journal—7 Day

Patient Name _____

Date _____

Food Plan Type _____

Day 4

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Breakfast **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-AM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Lunch **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Dinner **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Bed **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR

P: Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity _____(hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	**Type, Duration, & Intensity** ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress reduction practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual

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Diet, Nutrition & Lifestyle Journal—7 Day

Patient Name _____

Date _____

Food Plan Type _____

Day 5

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Breakfast **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-AM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Lunch **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Dinner **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Bed **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR

P: Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity _____(hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	**Type, Duration, & Intensity** ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress reduction practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual

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Patient Name _____

Date _____

Food Plan Type _____

Day 6

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Breakfast **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-AM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Lunch **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Dinner **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Bed **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR

P: Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity _____(hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	**Type, Duration, & Intensity** ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress reduction practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual

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Diet, Nutrition & Lifestyle Journal—7 Day

Patient Name _____

Date _____

Food Plan Type _____

Day 7

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Breakfast **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-AM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Lunch **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Mid-PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Dinner **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
PM Snack **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR
Bed **Time**		_____P _____F _____C ☐R ☐O ☐Y ☐G ☐B/P/BL ☐W/T/BR

P: Proteins; **F:** Fats; **C:** Carbohydrates; **R:** Red; **O:** Orange; **Y:** Yellow; **G:** Green; **B/P/BL:** Blue/Purple/Black; **W/T/BR:** White/Tan/Brown

Sleep & Relaxation	Exercise & Movement	Stress	Relationships
Sleep Quantity _____(hours) Quality: ☐ Poor ☐ Fair ☐ Good **Relaxation** ☐ Yes ☐ No Type/Amount:	**Type, Duration, & Intensity** ☐ Aerobic: ☐ Strength: ☐ Flexibility:	Stress reduction practices: Stressors:	Supporting: Non-supporting:

Mental	Emotional	Spiritual