

# WEEKLY NUTRITION NOTES

NAME: \_\_\_\_\_ START DATE: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Snacks							
#Glasses H <sub>2</sub> O							
#B.M.(s)							
Energy /10							
Comments							

\*Be sure to include approximate portions

\*\*In "Comments" include symptoms such as headaches, stomach upset, sleeplessness etc., experienced that day