

# NATURE SYSTEMS - FOOD DIARY

<b>Name:</b>		<b>From:</b>	<b>To:</b>	
<p><b>Instructions:</b> Over the next seven days please record as fully as possible details of all your food, liquid, cigarettes, alcohol etc. that you consume; do not leave anything out, nor change anything, no matter how insignificant, it is important that we see the real you. Indicate when you had a bowel movement, constipation, diarrhoea, etc. Also tell us how you feel, energy levels, symptoms etc. Thank you</p>				
Day/Time	What did you eat?	Drink & Smoke	Bowel Movement	How did you feel/Symptoms?
<b>Day 1</b> Morning				
Mid-morning				
Lunch				
Mid-afternoon				
Dinner				
Late-evening				
Bedtime				
Through Night				
<b>Day 2</b> Morning				
Mid-morning				
Lunch				
Mid-afternoon				
Dinner				
Late-evening				
Bedtime				
Through Night				

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Day/Time	What did you eat?	Drink?	Bowel Movement	How did you feel/Symptoms?
<b>Day 3</b> Morning				
Mid-morning				
Lunch				
Mid-afternoon				
Dinner				
Late-evening				
Bedtime				
Through Night				

<b>Day 4</b> Morning				
Mid-morning				
Lunch				
Mid-afternoon				
Dinner				
Late-evening				
Bedtime				
Through Night				

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Day/Time	What did you eat?	Drink?	Bowel Movement	How did you feel/Symptoms?
<b>Day 5</b> Morning				
Mid-morning				
Lunch				
Mid-afternoon				
Dinner				
Late-evening				
Bedtime				
Through Night				
<b>Day 6</b> Morning				
Mid-morning				
Lunch				
Mid-afternoon				
Dinner				
Late-evening				
Bedtime				
Through Night				

Day/Time	What did you eat?	Drink?	Bowel Movement	How did you feel/Symptoms?
Day 7 Morning				
Mid-morning				
Lunch				
Mid-afternoon				
Dinner				
Late-evening				
Bedtime				
Through Night				

Please use the space below to provide any additional information


**NATURE SYSTEMS**

*Nutrition, Herbalism, Homeopathy  
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Wellness Diagnostic Tests*

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