

Date _____

M T W TH F S SU

Intake Log

Breakfast <div style="text-align: center; margin-top: 10px;">(Snack)</div>	Notes
Lunch <div style="text-align: center; margin-top: 10px;">(Snack)</div>	
Dinner <div style="text-align: center; margin-top: 10px;">(Snack)</div>	
Coffee/tea/energy drinks _____	
Tobacco (form) _____	
Alcohol (amt/type) _____	
Cannabis (amt/type) _____	
Other recreational substance/amt _____	
Supplements _____	
Weight/vitals (if known)	

Water: 1-2-3-4-5-6-7-8-9-10-11-12

Sleep (hours): _____

Naps (amt) _____

Medications:

Exercise (min): _____

Meditation/relaxation _____

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