

# The Center: Natural Health Specialists

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(919) 848-0200 [www.TheCenterNHS.com](http://www.TheCenterNHS.com)

(These forms are available for download at our website)

## Daily Diet & Symptoms Log

Name: \_\_\_\_\_

Area of Attention: \_\_\_\_\_

Day 1 - Date:		
Breakfast:	Lunch:	Dinner:
Drinks:	Drinks:	Drinks:
Mid-Morning Snack:	Mid-Afternoon Snack:	Nighttime Snack:
Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10
Notes:	Notes:	Notes:

Day 2 - Date:		
Breakfast:	Lunch:	Dinner:
Drinks:	Drinks:	Drinks:
Mid-Morning Snack:	Mid-Afternoon Snack:	Nighttime Snack:
Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10
Notes:	Notes:	Notes:

Day 3 - Date:		
Breakfast:	Lunch:	Dinner:
Drinks:	Drinks:	Drinks:
Mid-Morning Snack:	Mid-Afternoon Snack:	Nighttime Snack:
Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10
Notes:	Notes:	Notes:

Day 4 - Date:		
Breakfast:	Lunch:	Dinner:
Drinks:	Drinks:	Drinks:
Mid-Morning Snack:	Mid-Afternoon Snack:	Nighttime Snack:
Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10
Notes:	Notes:	Notes:

Day 5 - Date:		
Breakfast:	Lunch:	Dinner:
Drinks:	Drinks:	Drinks:
Mid-Morning Snack:	Mid-Afternoon Snack:	Nighttime Snack:
Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10
Notes:	Notes:	Notes:

Day 6 - Date:		
Breakfast:	Lunch:	Dinner:
Drinks:	Drinks:	Drinks:
Mid-Morning Snack:	Mid-Afternoon Snack:	Nighttime Snack:
Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10
Notes:	Notes:	Notes:

Day 7 - Date:		
Breakfast:	Lunch:	Dinner:
Drinks:	Drinks:	Drinks:
Mid-Morning Snack:	Mid-Afternoon Snack:	Nighttime Snack:
Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10	Severity of Problem: 1 2 3 4 5 6 7 8 9 10
Notes:	Notes:	Notes: