

DAY:

DATE:

CHALLENGE:

INTAKE foods, drinks, vitamins, medicines	SYMPTOMS include severity* & other remarks**
BREAKFAST:	
Morning snack:	
LUNCH:	
Afternoon snack:	
EVENING MEAL:	
Evening snack:	

* SEVERITY: mild = 1, moderate = 2, severe = 3

** OTHER REMARKS: eg. infections, social occasions, stressful events etc

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