
Day 3 Date _____

Breakfast _____ Snack _____

Lunch _____ Snack _____

Dinner _____ Snack _____

Total glasses of water _____

Total glasses of other liquids _____

Specify which beverages, supplements, herbs, homeopathic remedies, and medications taken

Day 4 Date _____

Breakfast _____ Snack _____

Lunch _____ Snack _____

Dinner _____ Snack _____

Total glasses of water _____

Total glasses of other liquids _____

Specify which beverages, supplements, herbs, homeopathic remedies, and medications taken
