

Journal Two

TODAY'S DATE

MEAL TIME Enter the time you started	FOOD / DRINK ITEMS What did you eat and/or drink, and how much?	NOTES Did you notice or want to remember anything else?	CONSISTENCY Check "Yes" if you think the meal matched your PN habits, and "No" if you don't think it did
1			Did this meal match your PN habits? <div>Yes No</div>
2			Did this meal match your PN habits? <div>Yes No</div>
3			Did this meal match your PN habits? <div>Yes No</div>
4			Did this meal match your PN habits? <div>Yes No</div>
5			Did this meal match your PN habits? <div>Yes No</div>
6			Did this meal match your PN habits? <div>Yes No</div>
7			Did this meal match your PN habits? <div>Yes No</div>