



FULL SPECTRUM  
MEDICINE

**THE CONCUSSION REPAIR MANUAL**

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**NUTRITION AND  
SUPPLEMENTATION LOG  
Worksheets**

	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
Enter date and/or day of week below				
<b>DAY 1</b>				
		Breakfast:		
		Lunch:		
		Dinner:		
		Snack(s):		
Total duration	__hr__min	(cups/ounces)		
<b>DAY 2</b>				
		Breakfast:		
		Lunch:		
		Dinner:		
		Snack(s):		
Total duration	__hr__min	(cups/ounces)		

	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
Enter date and/or day of week below				
<b>DAY 3</b>				
		Breakfast:		
		Lunch:		
		Dinner:		
		Snack(s):		
Total duration	__hr__min	(cups/ounces)		
<b>DAY 4</b>				
		Breakfast:		
		Lunch:		
		Dinner:		
		Snack(s):		
Total duration	__hr__min	(cups/ounces)		

	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
Enter date and/or day of week below				
<b>DAY 5</b>				
		Breakfast:		
		Lunch:		
		Dinner:		
		Snack(s):		
<b>Total duration</b>	__ hr __ min	<b>(cups/ounces)</b>		
<b>DAY 6</b>				
		Breakfast:		
		Lunch:		
		Dinner:		
		Snack(s):		
<b>Total duration</b>	__ hr __ min	<b>(cups/ounces)</b>		

	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
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Enter date and/or  
day of week below

**DAY 7**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration    \_\_hr\_\_min

(cups/ounces)

**DAY 8**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration    \_\_hr\_\_min

(cups/ounces)

	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
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Enter date and/or  
day of week below

**DAY 9**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration \_\_\_hr\_\_\_min

(cups/ounces)

**DAY 10**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration \_\_\_hr\_\_\_min

(cups/ounces)

	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
Enter date and/or day of week below				
<b>DAY 11</b>				
		Breakfast:		
		Lunch:		
		Dinner:		
		Snack(s):		
Total duration	__ hr __ min	(cups/ounces)		
<b>DAY 12</b>				
		Breakfast:		
		Lunch:		
		Dinner:		
		Snack(s):		
Total duration	__ hr __ min	(cups/ounces)		

	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
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Enter date and/or day of week below

**DAY 13**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration \_\_\_hr\_\_\_min (cups/ounces)

**DAY 14**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration \_\_\_hr\_\_\_min (cups/ounces)



	<b>FASTING? (a.m./p.m.)</b>	<b>MEALS AND SNACK(S) CONSUMES</b>	<b>WATER INTAKE</b>	<b>SUPPLEMENTS</b>
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Enter date and/or day of week below

**DAY 15**

Breakfast:

Lunch:

Dinner:

Snack(s):

**Total duration**

\_\_hr\_\_min

(cups/ounces)

**DAY 16**

Breakfast:

Lunch:

Dinner:

Snack(s):

**Total duration**

\_\_hr\_\_min

(cups/ounces)

	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
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Enter date and/or day of week below

**DAY 17**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration \_\_\_hr\_\_\_min

(cups/ounces)

**DAY 18**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration \_\_\_hr\_\_\_min

(cups/ounces)

	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
Enter date and/or day of week below				
<b>DAY 19</b>				
		Breakfast:		
		Lunch:		
		Dinner:		
		Snack(s):		
Total duration	__hr__min	(cups/ounces)		
<b>DAY 20</b>				
		Breakfast:		
		Lunch:		
		Dinner:		
		Snack(s):		
Total duration	__hr__min	(cups/ounces)		



	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
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Enter date and/or  
day of week below

**DAY 23**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration \_\_\_hr\_\_\_min

(cups/ounces)

**DAY 24**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration \_\_\_hr\_\_\_min

(cups/ounces)

	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
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Enter date and/or  
day of week below

**DAY 25**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration    \_\_hr\_\_min

(cups/ounces)

**DAY 26**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration    \_\_hr\_\_min

(cups/ounces)

	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
Enter date and/or day of week below				
<b>DAY 27</b>				
		Breakfast:		
		Lunch:		
		Dinner:		
		Snack(s):		
Total duration	__hr__min	(cups/ounces)		
<b>DAY 28</b>				
		Breakfast:		
		Lunch:		
		Dinner:		
		Snack(s):		
Total duration	__hr__min	(cups/ounces)		

	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
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Enter date and/or day of week below

**DAY 29**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration    \_\_\_ hr \_\_\_ min

(cups/ounces)

**DAY 30**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration    \_\_\_ hr \_\_\_ min

(cups/ounces)



	FASTING? (a.m./p.m.)	MEALS AND SNACK(S) CONSUMES	WATER INTAKE	SUPPLEMENTS
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Enter date and/or  
day of week below

**DAY 31**

Breakfast:

Lunch:

Dinner:

Snack(s):

Total duration    \_\_\_ hr \_\_\_ min

(cups/ounces)