CHARCO CAPS Activated Charcoal
Anti-Gas Detoxifying Formula

Lifestyle Journal

Week of _____

Fill out as completely as possible and take with you to your next doctor's visit.

	Breakfast	Lunch	Dinner	Snacks	Water	Exercise	Times I Felt Bloated or Gassy
Sun.						Duration _____ Intensity __Low __Med __High	
Mon.						Duration _____ Intensity __Low __Med __High	
Tues.						Duration _____ Intensity __Low __Med __High	
Wed.						Duration _____ Intensity __Low __Med __High	
Thu.						Duration _____ Intensity __Low __Med __High	
Fri.						Duration _____ Intensity __Low __Med __High	
Sat.						Duration _____ Intensity __Low __Med __High