

My UCD Tracker

Date _____



Breakfast

Lunch

Dinner

Other

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Calories: _____	Calories: _____	Calories: _____	Calories: _____
Protein (g): _____	Protein (g): _____	Protein (g): _____	Protein (g): _____
Fluids (fl oz): _____	Fluids (fl oz): _____	Fluids (fl oz): _____	Fluids (fl oz): _____
Time of day: _____	Time of day: _____	Time of day: _____	Time of day: _____



TYPE	DURATION	CALORIES BURNED
_____	_____	_____
TYPE	DURATION	CALORIES BURNED
_____	_____	_____
TYPE	DURATION	CALORIES BURNED
_____	_____	_____
TYPE	DURATION	CALORIES BURNED
_____	_____	_____

NAME	DOSE	TIME
_____	_____	_____
NAME	DOSE	TIME
_____	_____	_____
NAME	DOSE	TIME
_____	_____	_____
NAME	DOSE	TIME
_____	_____	_____



Symptom	Time Lasted	Number of Times Today	Severity		
Tired or sluggish			Low	Med	High
Nausea			Low	Med	High
Vomiting			Low	Med	High
Unusually irritable			Low	Med	High
Lack of appetite			Low	Med	High
Headaches			Low	Med	High
Other			Low	Med	High