

# Food Journal

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Write down everything you eat and drink for three days, including all snacks, beverages, and water. Please include approximate amounts. If you notice any mood or digestive changes associated with a meal/snack, record it in the right-hand column.

| Meal                    | Beverages | Mood/Digestive Changes |
|-------------------------|-----------|------------------------|
| Breakfast (Time: _____) |           |                        |
| Snacks (Time: _____)    |           |                        |
| Lunch (Time: _____)     |           |                        |
| Snacks (Time: _____)    |           |                        |
| Dinner (Time: _____)    |           |                        |
| Snacks (Time: _____)    |           |                        |

# Food Journal

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Write down everything you eat and drink for three days, including all snacks, beverages, and water. Please include approximate amounts. If you notice any mood or digestive changes associated with a meal/snack, record it in the right-hand column.

| Meal                    | Beverages | Mood/Digestive Changes |
|-------------------------|-----------|------------------------|
| Breakfast (Time: _____) |           |                        |
| Snacks (Time: _____)    |           |                        |
| Lunch (Time: _____)     |           |                        |
| Snacks (Time: _____)    |           |                        |
| Dinner (Time: _____)    |           |                        |
| Snacks (Time: _____)    |           |                        |

# Food Journal

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Write down everything you eat and drink for three days, including all snacks, beverages, and water. Please include approximate amounts. If you notice any mood or digestive changes associated with a meal/snack, record it in the right-hand column.

| Meal                    | Beverages | Mood/Digestive Changes |
|-------------------------|-----------|------------------------|
| Breakfast (Time: _____) |           |                        |
| Snacks (Time: _____)    |           |                        |
| Lunch (Time: _____)     |           |                        |
| Snacks (Time: _____)    |           |                        |
| Dinner (Time: _____)    |           |                        |
| Snacks (Time: _____)    |           |                        |

