

NAME: _____

DATE: _____

FOOD JOURNAL

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: _____)		