

Food Journal

Name: _____

Date: _____

Food & Drink:

Temperature (upon rising) _____

	Time	Here is a list of everything I ate and drank today (including tiny bites) *please indicate approximate amounts
Pre-Breakfast		
Breakfast		
Snack (mid morning)		
Lunch		
Snack (mid afternoon)		
Dinner		
Snack (evening)		
Medications/ Supplements/Herbs/ Other		

Water Intake: O O O O O O O O O O cups (250 ml in one cup)

Digestion: Number of bowel movements: _____ Description (size, colour, undigested food etc):

Cravings for: salty sweet spicy chocolate coffee starches (breads, cookies etc..)

Energy Level: (low) 1 2 3 4 5 6 7 8 9 10 (high)

Stress Level: (low) 1 2 3 4 5 6 7 8 9 10 (high)

Mood(s): How would you describe your mood(s) today? _____

& Emotions Was there a time when your mood changed today? What happened? _____

Exercise (#min./type) _____