



FOOD JOURNAL

Name: _____

Date of birth: _____

Please complete this food journal for at least seven consecutive days. Enter **everything** you eat and drink, healthy or unhealthy. It is meant to give your provider a week's snapshot at your eating routine, all to help move towards the desired end results of fabulous health! So, include the chips, the mochas, the sodas, and be as accurate and detailed as possible. We recommended you keep it updated after every meal, and also keep track of how you are feeling.

<p>Date: _____</p> <p>Breakfast:</p> <p>Lunch:</p> <p>Dinner:</p> <p>Liquids:</p> <p>Snacks:</p> <p>Mood/digestion/other symptoms:</p>	<p>Date: _____</p> <p>Breakfast:</p> <p>Lunch:</p> <p>Dinner:</p> <p>Liquids:</p> <p>Snacks:</p> <p>Mood/digestion/other symptoms:</p>
<p>Date: _____</p> <p>Breakfast:</p> <p>Lunch:</p> <p>Dinner:</p> <p>Liquids:</p> <p>Snacks:</p> <p>Mood/digestion/other symptoms:</p>	<p>Date: _____</p> <p>Breakfast:</p> <p>Lunch:</p> <p>Dinner:</p> <p>Liquids:</p> <p>Snacks:</p> <p>Mood/digestion/other symptoms:</p>