

Food Journal

Name: _____

Date: _____

Write down everything that you eat and drink for three days, including all snacks, beverages, meals, and water. Please include approximate amounts. If you notice any changes in your mood, digestion, energy, etc. record it in the right hand column.

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