

Food Journal

Name: _____ Date: _____

Food & Drink:

	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		

What did you notice (physically, mentally) after eating any of the above foods?

Water Intake: ○ ○ ○ ○ ○ ○ ○ ○ ○ cups (250 mL in one cup)

Digestion: Number of Bowel Movements: _____ Description (size, colour, undigested food, etc.): _____

Other observations (gas/bloating, burping, acid stomach, etc.): _____

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

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

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

Mood(s) & Emotions How would you describe your mood(s) today?

Morning _____

Afternoon _____

Evening _____

Productivity: Have your health problems or digestion negatively affected:

Relationships: Coworker____ Spouse/Partner____ Children____ Other____

Ability to do non-work related activities: _____

Ability to perform tasks at work: _____

The number of hours you were able to work: _____

Exercise (#min/type):