

# FOOD JOURNAL

## DAY 1:

### WHAT I ATE TODAY

BREAKFAST \_\_\_\_\_

LUNCH \_\_\_\_\_

DINNER \_\_\_\_\_

SNACKS \_\_\_\_\_

WATER (✓)         OTHER BEVERAGES \_\_\_\_\_

### HOW I FELT TODAY

WOKE UP FEELING  good  just ok  bad

MOOD  good  just ok  bad

ENERGY  good  just ok  bad

### ISSUES EXPERIENCED TODAY

bloating  gas  heartburn  belching/burping

constipation  loose bowel movements

skin irritation/rashes/breakouts  headaches

other \_\_\_\_\_

### OTHER INFO

SLEPT FOR \_\_\_\_\_ HOURS LAST NIGHT

EXERCISED FOR \_\_\_\_\_ MINUTES TODAY

TYPE OF EXERCISE \_\_\_\_\_

OTHER NOTES \_\_\_\_\_

# FOOD JOURNAL

DAY 2 :

## WHAT I ATE TODAY

BREAKFAST \_\_\_\_\_

LUNCH \_\_\_\_\_

DINNER \_\_\_\_\_

SNACKS \_\_\_\_\_

WATER (✓)         OTHER BEVERAGES \_\_\_\_\_

## HOW I FELT TODAY

WOKE UP FEELING  good  just ok  bad

MOOD  good  just ok  bad

ENERGY  good  just ok  bad

## ISSUES EXPERIENCED TODAY

bloating  gas  heartburn  belching/burping

constipation  loose bowel movements

skin irritation/rashes/breakouts  headaches

other \_\_\_\_\_

## OTHER INFO

SLEPT FOR \_\_\_\_\_ HOURS LAST NIGHT

EXERCISED FOR \_\_\_\_\_ MINUTES TODAY

TYPE OF EXERCISE \_\_\_\_\_

OTHER NOTES \_\_\_\_\_

# FOOD JOURNAL

DAY 3 :

## WHAT I ATE TODAY

BREAKFAST \_\_\_\_\_

LUNCH \_\_\_\_\_

DINNER \_\_\_\_\_

SNACKS \_\_\_\_\_

WATER (✓)         OTHER BEVERAGES \_\_\_\_\_

## HOW I FELT TODAY

WOKE UP FEELING  good  just ok  bad

MOOD  good  just ok  bad

ENERGY  good  just ok  bad

## ISSUES EXPERIENCED TODAY

bloating  gas  heartburn  belching/burping

constipation  loose bowel movements

skin irritation/rashes/breakouts  headaches

other \_\_\_\_\_

## OTHER INFO

SLEPT FOR \_\_\_\_\_ HOURS LAST NIGHT

EXERCISED FOR \_\_\_\_\_ MINUTES TODAY

TYPE OF EXERCISE \_\_\_\_\_

OTHER NOTES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_