Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Write down everything you eat and drink for three days including all snacks, beverages, and water. Please include approximate amounts. If you notice any mood or digestive changes associated with a meal or snack, record it.

|  |  |  |
| --- | --- | --- |
| Meal | Beverage | Mood / Digestive Changes |
| Breakfast (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |
| Snacks (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |
| Lunch (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |
| Snacks (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |
| Dinner (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |
| Snacks (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Write down everything you eat and drink for three days including all snacks, beverages, and water. Please include approximate amounts. If you notice any mood or digestive changes associated with a meal or snack, record it.

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| --- | --- | --- |
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| Breakfast (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |
| Snacks (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |
| Lunch (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |
| Snacks (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |
| Dinner (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |
| Snacks (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Write down everything you eat and drink for three days including all snacks, beverages, and water. Please include approximate amounts. If you notice any mood or digestive changes associated with a meal or snack, record it.

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| Snacks (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |
| Dinner (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |
| Snacks (Time: \_\_\_\_\_\_\_\_\_\_) |  |  |