

FOOD AND SYMPTOM JOURNAL



Date: _____

Daily Weight (optional): _____

MORNING MEALS:

DETOX SMOOTHIE:

BREAKFAST:

MID-MORNING SNACK:

MID-DAY MEALS:

LUNCH:

MID-AFTERNOON SNACK:

EVENING MEALS:

DINNER:

HEALING SOUP/TEA/EVENING SNACK:

SYMPTOMS NOTED

My mood:

- Happy/Energetic
- Sad/Depressed
- Blah, I really don't know.
- Tired/Brain Fog

My physical reactions:

- Swollen joints
- Achy joints/muscles
- Gut distress such as cramping/nausea/diarrhea/constipation
- NONE!

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Possible trigger foods:

Have I had this reaction before:

- Yes
- No

How long did this reaction last?

WATER TRACKER:

- NONE
- 8-16 ounces
- 16-24 ounces
- 32-64 ounces