DAILY FOOD JOURNAL - Front Name: Tell me about your day/night: Date and **Breakfast/Meal** Lunch/Meal Dinner/Meal Day of How was your sleep? Time to Bed____ Time up_ Week What do you feel like? What Symptoms are here? Meal/Snack Meal/Snack Meal/Snack How's your energy? Any Headaches? Exercise? Water **Bowel Movements** Indicate Number & Consistency **Symptom** Date and Lunch/Meal **Breakfast/Meal** Dinner/Meal How was your sleep? Day of Time to Bed____ Time up_ Week What do you feel like? What Symptoms are here? Meal/Snack Meal/Snack Meal/Snack How's your energy? Any Headaches? Exercise? Water **Bowel Movements** Indicate Number & Consistency **Symptom** Date and **Breakfast/Meal** Lunch/Meal Dinner/Meal How was your sleep? Day of Time to Bed____ Time up___ Week What do you feel like? What Symptoms are here? Meal/Snack Meal/Snack Meal/Snack How's your energy? Any Headaches? Exercise? Water **Bowel Movements** Indicate Number & Consistency **Symptom** Date and **Breakfast/Meal** Lunch/Meal Dinner/Meal How was your sleep? Day of Time to Bed____ Time up___ Week What do you feel like? What Symptoms are here? Meal/Snack Meal/Snack Meal/Snack How's your energy? Any Headaches? Exercise? Water **Bowel Movements** Indicate Number & Consistency **Symptom**

DAILY FOOD JOURNAL - Back

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Instructions:

- 1. Fill this out as you eat. Don't wait until the end of the day then try to recall what you had.
- 2. The small blocks for Water and Symptom are general times of day. Morning on the Left goes to Evening on the Right.
- 3. Use the Water blocks to x or check mark about when you had water.
- 4. Use the Symptom blocks to x or check when a symptom might have started. For example, if you began a headache indicate the approximate time it started. Then just note the symptom in the far right box.
- 5. For Bowel Movements indicate number of times each day and consistency.