

FOOD JOURNAL

Date: _____
DAY: M T W T F S S

Upon Rise: Breakfast: Drinks: Mood After Meal: Did you have a bowel movement? Consistency: Normal / Loose /Diarrhea /Other-explain	Lymphatic Movement Today
Lunch: Drinks: Mood After Meal: Did you have a bowel movement? Consistency: Normal / Loose /Diarrhea /Other-explain	Water Intake:
Dinner: Drinks: Mood After Meal: Did you have a bowel movement? Consistency: Normal / Loose /Diarrhea /Other-explain	MOOD:
Snacks:	NOTES: