

**FOOD JOURNAL for \_\_\_\_\_**

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

Upon Rise:

**Breakfast:**

Drinks (ounces):

Mood after meal:

Bowel Movement Yes or No

Consistency: Normal / Loose / Diarrhea / Other-explain:

**Sleep Last Night**

Hours asleep:

Times you woke:

Dreams Yes or No

**Snack:****Drinks:****Lunch:**

Drinks (ounces):

Mood after meal:

Bowel Movement Yes or No

Consistency: Normal / Loose / Diarrhea / Other-explain:

Water Intake for the day:

**Snack:****Drinks:****Dinner:**

Drinks (ounces):

Mood after meal:

Bowel Movement Yes or No

Consistency: Normal / Loose / Diarrhea / Other-explain:

Lymphatic Movemt Today

Other Information Requested this Week:

