DAILY FOOD JOURNAL – Front **Name: _____**

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

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DAILY FOOD JOURNAL – Back

Date and Day of Week	Breakfast/Meal	Lunch/Meal	Dinner/Meal	How was your sleep? Time to Bed____ Time up____ What do you feel like? What Symptoms are here? How's your energy? Any Headaches? Exercise?
	Meal/Snack	Meal/Snack	Meal/Snack	
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	Meal/Snack	Meal/Snack	Meal/Snack	
Water				**Bowel Movements** Indicate Number & Consistency
Symptom				

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.

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