



Food Journal

Name: _____

Date: _____

Write down everything you eat and drink for five days, including all snacks, beverages, and water. Please include approximate amounts. If you notice any **mood or digestive changes** associated with a meal/snack, record it in the right-hand column.

Meal	Beverages	Mood/Digestive Changes
Breakfast (Time: _____)		
Snacks (Time: _____)		
Lunch (Time: _____)		
Snacks (Time: _____)		
Dinner (Time: _____)		
Snacks (Time: _____)		