HONEST BODY FOOD JOURNAL

DAY ______________ DATE / /

WHAT WENT IN: FOOD, DRINK, MEDICATIONS, VITAMINS, HERBAL REMEDIES, LIQUIDS

TIME	WHAT WENT IN	HOW I FEEL	TIME	WHAT WENT IN	HOW I FEEL
AM PM			AM PM		
AM PM			AM PM		
AM PM			AM PM		
AM PM			AM PM		
AM PM			AM PM		
AM PM			AM PM		
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AM PM			AM PM		
AM PM			AM PM		
AM PM			AM PM		
AM PM			AM PM		
AM PM			AM PM		
AM PM			AM PM		
AM PM			AM PM		

SLEEP

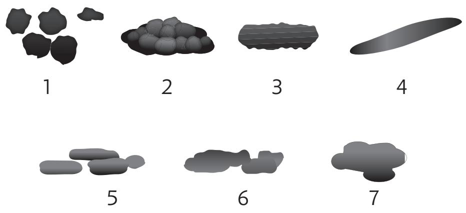
BEDTIME :	HOURS
QUALITY OF SLEEP	
WOKE UP FEELING	
NAP? Y | N	HOW LONG?
WOKE UP FEELING	
EMOTION OF DREAMS	

WATER INTAKE | RECOMMENDED 8 GLASSES OF WATER

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

WHAT CAME OUT

BRISTOL SCALE: CIRCLE APPROPRIATE



TIME OF BOWEL MOVEMENT ________:________AM | PM

TIME OF BOWEL MOVEMENT ________:________AM | PM

TREATMENTS IE: ALLERGY SHOT, VACCINE, ETC.

TIME	

SUPPLEMENTS & THERAPEUTIC FOODS

○ ROSITA EVCLO	○ OMEGA EFA'S	○ PROBIOTIC	○ JUICING
○ MILK KEFIR	○ BEET KVASS	○ BROTH OR STOCK	○ FAT
○ FERMENTS	○ ORGAN MEATS	○ WATER	○ SEA GREENS

ROUTINES

○ GRATITUDE	○ MINDFUL BREATHING	○ JOURNALING	○ JADE EGG
○ SUNBATHING	○ SAUNA	○ OIL PULLING	○ 8+ HOURS OF SLEEP
○ BREAST MASSAGE	○ EFT	○ CREATE	○ MOVE & SWEAT

DAILY SYMPTOM CHECKLIST

○ HEADACHE	○ CONSTIPATION	○ MIGRAINE	○ MENTAL:
○ JOINT PAIN	○ MUSCLE PAIN	○ HIVES	○ ENERGY 1-10:
○ DIARRHEA	○ BLOOD SUGAR SPIKE	○ ABDOMINAL PAIN	○ MOOD 1-10:
○ FATIQUE	○ OTHER:	○ OTHER:	○ PURPOSE 1-10:

EXERCISE

TIME		TIME	
ACTIVITY		ACTIVITY	
AFTERWARDS I FEEL			

RELAXATION

TIME		TIME	
ACTIVITY		ACTIVITY	
AFTERWARDS I FEEL			

DETOX BATHS

○ APPLE CIDER VINEGAR	○ BAKING SODA	○ CLAY	○ EPSOM SALT
○ MAGNESIUM CHLORIDE	○ SEA SALT	○ SEAWEED	

EVENTS – WHERE DID I GO TODAY? WHAT DID I DO? WHO DID I MEET?	RANK STRESS LOW – HIGH
	1 2 3 4 5
	1 2 3 4 5

NOTES