

Food Journal

Name: _____

Date: _____

Write down everything you eat or drink, including snacks, beverages and water. If you notice any mood/digestive changes, please make a note of it in the third column. Indicate with a "U" when you urinate and a "BM" when you have a bowel movement. If the bowel movement is loose or difficult to pass, make a note of it. List any medications, herbal supplements, etc. in the fifth column. In the last column, list any exercise performed (please indicate the length and intensity).

Woke up at: _____ Felt: _____

Meal	Beverages	Mood/Digestive Changes	U/BM	Meds	Exercise
Breakfast:					
Snack:					
Lunch:					
Snack:					
Dinner:					

Went to Bed at: _____ Slept: _____