

# Food Journal

NAME		DATE	
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Use this as a guide to track your food and water intake, bowel movements, urination, sleep, mood, digestive changes, supplements/medications, fasting blood sugar, ketones and movement (aka. exercise). If you do not currently have the tools to track this data, leave that area blank.

Woke Up At:		Hours Slept:		Sleep Quality:	(poorly) 1	2	3	4	5 (deeply)
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Fasting Blood Glucose:		mg/dL	Time:	
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MEAL (including food types and amounts if you weigh/measure)	BEVERAGES (including water)	MOOD/DIGESTION	URINATION/ BOWEL MOVEMENTS	SUPPLE- MENTS/ MEDICAT- IONS	MOVEMENT (type, time and intensity)
TIME:					
TIME:					
TIME:					
TIME:					

General Stress Level Today:	1 (low)	2	3	4	5 (moderate)	6	7	8	9	10 (high)
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Went to bed at (time):	
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Anything else you would like to note about your day: