

Food Journal

Please keep a record of everything you eat and drink for the next 7 - 10 days, including amounts and relative details.

Day	/	/	/	/
Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Breakfast				
Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Snack				
Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Lunch				
Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Snack				
Time	: AM/PM	: AM/PM	: AM/PM	: AM/PM
Dinner				
Exercise Include the time, duration, type, intensity.				
Symptoms*				

*For clients seeking help with digestive symptoms only. Make a note of digestive symptoms and the times when they occur. Write down each bowel movement "BM" as well as other symptoms like gas, bloating, cramps, abdominal pain.