



Feel free to use the back of this journal if additional space is needed

Food and Observations Journal

Name:

Today's Date:

Waking Time:

Bed Time:

	Time	What and How much did you eat	Beverage/Qty	Record how you felt after each meal (be specific)	Any Additional Notes
Breakfast					
Lunch					
Dinner					
Snacks					

List any Supplements and/or Medications taken, including the time they were taken

Please track all bowel movements, along with time, size and consistency. Refer to your Bristol Stool Chart handout for help.

Discuss your overall experience today. Include exercise, stress levels, emotions and any other general thoughts.