



# Food Journal

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Write down everything you eat and drink for three days, including all snacks, beverages, and water. Please include approximate amounts. If you notice any mood or digestive changes associated with a meal/snack, record it in the right-hand column.

Meal	Beverages	Mood/Digestive Changes
<b>Breakfast (Time: _____)</b>		
<b>Snacks (Time: _____)</b>		
<b>Lunch (Time: _____)</b>		
<b>Snacks (Time: _____)</b>		
<b>Dinner (Time: _____)</b>		
<b>Snacks (Time: _____)</b>		



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