

Completing your Food and Observations Journal:

*Please complete your journal every day. Print out the journal template for each day you are tracking.*

- **Food and Drink:** Note the time of each meal or snack and describe in detail all foods and drinks, including the amount of each. Be sure to list everything, including condiments used. Keep track of how much water you drink as well as other beverages you consume.
- **Related Feelings:** Include any feelings, symptoms or changes in energy that you experienced before or after eating, or relative to foods you are consuming (i.e., happiness, sadness, anger, indigestion, bloating, fatigue). Please note how hungry you felt prior and how full or satisfied you felt after eating.
- **Exercise:** Write down any activity or exercise you do, and for how long you did it. Note how you felt/energy levels during your exercise.
- **Bowel Movements:** Please note time and quality/consistency of bowel movements (firm, hard, loose, large, small, etc.).
- **Relaxation:** Note any periods of relaxation or stress relieving measures.
- **Sleep:** Make note of the time you wake up and go to sleep, how many hours you got and the quality of your sleep.
- **Personal Observations:** Please use this space to add any other observations you notice throughout the day or as an overall recap of the day. Things you may include:
  - What is my energy like at different times of the day; when I don't eat, when I eat, when I eat certain foods?
  - What foods give me energy and what foods seem to make me tired?
  - Am I eating too fast? Am I overeating?
  - Do I have any allergic responses to any foods, such as a runny nose immediately after eating a certain food?
  - Am I experiencing any other physical responses to foods? Fatigue, headache, heart burn, bloating, trouble concentrating, feeling shaky or over stimulated?
  - Am I having any emotional responses? Guilt, joy, depression, contentment, feelings of deprivation?
  - Do I notice a difference between eating at home, work, or at a restaurant? How about when I eat alone vs. with others?

*"Stay calm, and happy journaling!"*

# Food and Observations Journal

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

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

| Time | Food and Drinks consumed | Related thoughts, feelings or physical symptoms | Exercise/Relaxation | Bowel Movement | Supplements |
|------|--------------------------|---|---------------------|----------------|-------------|
|      |                          |   |                     |                |             |
|      |                          |   |                     |                |             |
|      |                          |   |                     |                |             |
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|      |                          |   |                     |                |             |
|      |                          |   |                     |                |             |
|      |                          |   |                     |                |             |

Water Intake: 8oz 8oz 8oz 8oz 8oz 8oz 8oz 8oz 8oz 8oz 8oz 8oz

Sleep:

How many hours of sleep? \_\_\_\_\_

Sleep quality \_\_\_\_\_

Personal Observations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(Please use back side if you need more space)*