

## FOOD JOURNAL AND PERSONAL OBSERVATIONS

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

**Please record all foods, and beverages you consume each day. Include time of day, quantities, and brand names. Also, please record mood, activity level, bowel habits, etc in the spaces below.**

Time	Foods	Time	Beverages

Please comment on any physical or emotional observations you had regarding your relationship and responses to food and the time of these observations: \_\_\_\_\_  
\_\_\_\_\_

Cravings \_\_\_\_\_ What/when? \_\_\_\_\_

Bowel habits: time(s), consistency (hard, soft, unformed, etc) \_\_\_\_\_

Medications and supplements (time, dose, etc) \_\_\_\_\_

Stress level today - High/Medium/Low

Energy level today - High/Medium/Low

Physical activity \_\_\_\_\_