

Name: _____

FOOD JOURNAL

Date: _____

- Improve your awareness – notice & indicate how you feel physically, mentally, and emotionally, at certain points throughout the day.
- Record all that you eat and drink in one day, for seven days. Be honest! Please include everything you eat and drink (and amounts).
- Start any day of the week. Complete at least one Saturday or Sunday.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Night snack							
Mood, energy, etc.							

Number of bowel movements: _____

