

Food Journal

Record everything you eat and drink, including water, along with any exercise you perform. Also note how you feel after food intake (headache, mood changes, bloating, gas, fatigue, etc...) Please complete one sheet per day for one week.

Date:	Food Eaten	Physical Activity	Feelings / Emotions
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			