

3 Day Food Journal



Please provide a detailed description of your daily meals that is representative of your regular diet; also, include the time of your meals. Note the amount of fluids and what type of beverage you drink each day. At the end of each day, please also note how you are feeling (ie. bloating, indigestion, mental fog, moody, fatigued, irritable etc.) to help determine your body's response patterns to certain foods.

| | Day 1 | Day 2 | Day 3 |
|-----------------|-------|-------|-------|
| Breakfast | TIME: | TIME: | TIME: |
| Snack | TIME: | TIME: | TIME: |
| Lunch | TIME: | TIME: | TIME: |
| Snack | TIME: | TIME: | TIME: |
| Dinner | TIME: | TIME: | TIME: |
| Daily Beverages | | | |
| How You Feel | | | |