

Understanding your Journal:

Complete your journal each day using as much details as you can. Print a food journal for each day you are logging and complete. If you wish to complete electronically, you can do that as well.

Foods/Drinks Consumed:

Be sure to include everything you ate (including condiments) and drank throughout the day and be specific with exact amounts of each.

Exercise:

What exercise, if any, did you do and for how long.

Bowel Movements:

Please note quality/consistency of bowel movements.

Personal Observations:

Let me know how you are feeling throughout the day. Were you feeling tired, exhausted, energized etc.? Be specific with *when* you felt that way.

- Did you feel a certain way after you ate a certain food?
- Did I overeat and now I am tired?
- Do I eat differently when stressed or sleep deprived?
- What happens when I eat certain foods? Did I experience a headache, bellyache, cramping, bloating?
- Emotional responses? Did I feel deprived when I was eating a certain way? Guilty when I ate a certain food?

Have a question?

Please contact me @

healingwholenutrition@gmail.com

614.397.6990

Starting Date:

| Time | Food/Drinks Consumed | Exercise | Bowel Movement |
|------|----------------------|----------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Personal observations (how did you feel after you ate certain foods? Bloating, fatigue, mood?)

When did you go to sleep last night and when did you get up?

How well did you sleep?

Please list any medications or supplements taken throughout the day:
