

3-Day Food Journal

Name: _____

It is important to keep an accurate record of your usual food and beverage intake as a part of your treatment plan. Please complete this Food Journal for three consecutive days including one weekend day.

Instructions:

- *Do not change your eating behavior at this time, as the purpose of this food record is to analyze your present eating habits*
- *Record information as soon as possible after the food has been consumed*
- *Please describe all foods and beverages consumed as accurately and in as much detail as possible including estimated amounts, brand names, cooking method, etc.*
- *Record the amount of each food or beverage consumed using standard measurements such as 8 ounces, 1/2 cup, 1 teaspoon, etc.*
- *Include any added items, for example: tea with 1 teaspoon honey, potato with 2 teaspoons butter, etc.*
- *List all beverages and types, including water, coffee, tea, sports drinks, sodas/diet sodas, etc.*
- *Please comment on any noted emotional or physical symptoms including hunger level, stress, bloating, fatigue, adverse reaction experienced, etc.*
- *Include comments about eating habits and environment such as reasons for skipping a meal, when a meal was eaten at a restaurant, etc. and any additional details that may be important*
- *Each day please note all bowel movements, describe their consistency (regular, loose, firm, etc.), frequency, and any additional information*
- *If desired an online food journal may be kept*

DATE: _____	Food and Beverages		Comments or Symptoms
BREAKFAST			
Time: _____			
SNACK			
LUNCH			
Time: _____			
SNACK			
DINNER			
Time: _____			
ELIMINATION	Time: _____	Time: _____	Time: _____
	Description		

DATE: _____	Food and Beverages		Comments or Symptoms
BREAKFAST Time: _____			
SNACK			
LUNCH Time: _____			
SNACK			
DINNER Time: _____			
ELIMINATION Description	Time: _____	Time: _____	Time: _____

DATE: _____	Food and Beverages		Comments or Symptoms
BREAKFAST Time: _____			
SNACK			
LUNCH Time: _____			
SNACK			
DINNER Time: _____			
ELIMINATION Description	Time: _____	Time: _____	Time: _____