

## DAILY FOOD JOURNAL

NAME \_\_\_\_\_

On a daily basis, please record your food and drink intake. Please be honest and thorough and include major symptoms.

DAY/DATE							
<b>BREAKFAST</b>							
<b>SNACK</b>							
<b>LUNCH</b>							
<b>SNACK</b>							
<b>DINNER</b>							
<b>PHYSICAL SYMPTOMS</b> (bowels, sleep, malaise, etc.)							