Karen Langston
MIND • BODY • SOUL

# Food Journal

Record everything you eat and drink over the next week. Record the time you eat, symptoms and medications. Print out enough for one week. (If you do not have any symptoms do not record anything)

Name: ______________________________

Place a B for before eating, A for after eating, an X for both before and after

Time awake:

| Date | | | |
|---|---|---|---|
| Time: | | ☐ Bloating<br>☐ Cravings<br>☐ Cramps<br>☐ Gas<br>☐ Gurgle<br>☐ Cough<br>☐ Throat tickle<br>☐ Itchy nose<br>☐ Itchy ears<br>☐ Energy | ☐ Sleepy<br>☐ Aches/Joint aches<br>☐ Swelling in legs<br>☐ Headache/Migraine<br>☐ Nervousness, fidgety<br>☐ Angry<br>☐ Unfocused<br>☐ Excitable<br>☐ Negative Thoughts |
| Foods | | | |
| Fluids | | | |
| # of BM's and consistency | | | |

| Date | | | |
|---|---|---|---|
| Time: | | ☐ Bloating<br>☐ Cravings<br>☐ Cramps<br>☐ Gas<br>☐ Gurgle<br>☐ Cough<br>☐ Throat tickle<br>☐ Itchy nose<br>☐ Itchy ears<br>☐ Energy | ☐ Sleepy<br>☐ Aches/Joint aches<br>☐ Swelling in legs<br>☐ Headache/Migraine<br>☐ Nervousness, fidgety<br>☐ Angry<br>☐ Unfocused<br>☐ Excitable<br>☐ Negative Thoughts |
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| Foods | | | |
| Fluids | | | |
| # of BM's and consistency | | | |

NOTES:

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Fluids
Medications Feelings Notes

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