

3-Day Food Journal

Write down everything you eat and drink for three days, including all snacks, beverages, and water. **Please include approximate amounts.** If you notice any mood or digestive changes associated with a meal/snack, record it in the right-hand column.

Meal	Beverages	Mood/Digestive Changes
Breakfast (Time: _____)		Bowel Movement? _____
Snacks (Time: _____)		
Lunch (Time: _____)		Bowel Movement? _____
Snacks (Time: _____)		
Dinner (Time: _____)		Bowel Movement? _____
Snacks (Time: _____)		



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