

Food Journal

Please record the time you eat, the food/beverage consumed, the amount, and any digestive symptoms experienced for 3 consecutive days. Also, note the consistency (*constipation, diarrhea, soft/hard, etc.*) and number of bowel movements during the day.

DAY 1:

Food Group	Food Name and Amount			
Breakfast	Time:			
Grains/Starches				
Vegetables				
Fruits				
Dairy				
Protein				
Fats/Sweets				
Beverages				
Digestive complaints:				
Snack	Time:			
Lunch	Time:			
Grains/Starches				
Vegetables				
Fruits				
Dairy				
Protein				
Fats/Sweets				
Beverages				
Digestive complaints:				
Snack	Time:			
Dinner	Time:			
Grains/Starches				
Vegetables				
Fruits				
Dairy				
Protein				
Fats/Sweets				
Beverages				
Digestive complaints:				
Snack	Time:			
Bowel movement during the day:	Number of:		Consistency:	

DAY 2:

Food Group	Food Name and Amount			
Breakfast	Time:			
Grains/Starches				
Vegetables				
Fruits				
Dairy				
Protein				
Fats/Sweets				
Beverages				
Digestive complaints:				
Snack	Time:			
Lunch	Time:			
Grains/Starches				
Vegetables				
Fruits				
Dairy				
Protein				
Fats/Sweets				
Beverages				
Digestive complaints:				
Snack	Time:			
Dinner	Time:			
Grains/Starches				
Vegetables				
Fruits				
Dairy				
Protein				
Fats/Sweets				
Beverages				
Digestive complaints:				
Snack	Time:			
Bowel movement during the day:	Number of:		Consistency:	

DAY 3:

Food Group	Food Name and Amount			
Breakfast	Time:			
Grains/Starches				
Vegetables				
Fruits				
Dairy				
Protein				
Fats/Sweets				
Beverages				
Digestive complaints:				
Snack	Time:			
Lunch	Time:			
Grains/Starches				
Vegetables				
Fruits				
Dairy				
Protein				
Fats/Sweets				
Beverages				
Digestive complaints:				
Snack	Time:			
Dinner	Time:			
Grains/Starches				
Vegetables				
Fruits				
Dairy				
Protein				
Fats/Sweets				
Beverages				
Digestive complaints:				
Snack	Time:			
Bowel movement during the day:	Number of:		Consistency:	