



FOOD JOURNAL

NAME _____ STARTING DATE _____

Please include **everything you consume** - water, beverages, alcohol, meals, snacks, supplements, medications, etc. Please be totally honest!
The goal is to see how the substances you consume make you feel physically and emotionally, and to identify patterns that can be improved.

When?	What?	How much?	Where & with whom?	Who made it?	How did you feel?

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FOOD JOURNALING OBSERVATIONS

1. How does the process of food journaling make you feel?
2. Did the process of food journaling cause you to eat any differently than usual, or did it make you want to eat differently?
3. Have you noticed anything that surprises you?
4. Have you noticed any patterns?
5. Is there anything you'd like to change?