

Daily Food Journal

Day _____ Date _____

Breakfast: time _____

Lunch: time _____

Dinner: time _____

Snack: time _____

Water: per 8oz:

Other Drinks: _____ _____ _____

Circle any symptoms you are noticing and to what degree, 1 being a non-issue, and 5 being a serious issue.

Cravings: 1 2 3 4 5 _____

Hunger: 1 2 3 4 5 _____

Energy: 1 2 3 4 5 _____

Mood: 1 2 3 4 5 _____