

# 3-DAY FOOD JOURNAL

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Write down everything you eat and drink for 3 days. Please include approximate amounts. If you notice any energy, mood or digestive changes associated with a meal/snack, record it in the right-hand column.

Wake Time: (       )

Meals	Beverages	Energy/Mood/Digestive Changes
Breakfast (Time: _____ )		
Snacks (Time: _____ )		
Lunch (Time: _____ )		
Snacks (Time: _____ )		
Dinner (Time: _____ )		
Snacks (Time: _____ )		

Bed Time: (       )

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