

# Food and Beverage Journal

Please **print** completed form and mail to:

All Ways Health, PLLC  
PO Box 1970  
Flagstaff, AZ 86002

or fax to: 928-**779-0816**

Name:  Date:

**Instructions:** Record **EVERYTHING** you eat and drink for meals and snacks today in this journal. List BRAND NAMES of purchased foods or EXACT INGREDIENTS of home prepared foods. The purpose of this journal is **NOT** to judge you or your eating habits; it is to learn more about how your body handles foods and beverages. The more accurately you keep this journal, the better we can assist you in optimizing your health. Use as many pages as you need for each day's journal. Also include all plain water consumed in this journal.

## Today's Foods and Beverages:

Time	Food/Beverage	Amount	Brand / Ingredients
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Today's Symptoms:

Observations:

Observations:

Observations:

## Today's Bowel Movements:

Bristol Stool Type

<input type="text"/>	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Painful	<input type="checkbox"/> Bloody	<input type="checkbox"/> Urgency	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Painful	<input type="checkbox"/> Bloody	<input type="checkbox"/> Urgency	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Painful	<input type="checkbox"/> Bloody	<input type="checkbox"/> Urgency	<input type="text"/>