

3-Day Food Journal

It is important for you to keep an accurate record of your usual food and beverage intake so that I might determine how your food affects the rest of you. Complete the following **3-Day Food Journal** for three consecutive days including one weekend day, and submit these results online at least one week before your consultation with me.

- Do not change your eating behavior at this time. The purpose of this food record is to analyze your present eating habits
- Record information as soon as possible after the food has been consumed
- Identify who you were eating with (spouse, family, friend, alone)
- Describe all foods and beverages consumed as accurately and in as much detail as possible including estimated amounts, brand names, cooking method, etc.
- Record the amount of each food or beverage consumed using standard measurements such as 8 ounces, 1 cup, 1 teaspoon, etc.
- Include any added items, for example: tea with 1 teaspoon of honey, potato with 2 teaspoons butter, etc.
- List all beverages and types, including water, coffee, tea, sports drinks, sodas/diet sodas, etc.
- Comment on any noted emotional mood (happy, excited, depressed) or physical symptoms including hunger level, stress, bloating, fatigue, adverse reaction experienced, etc.
- Include comments about eating habits and environment such as reasons for skipping a meal; when a meal was eaten at a restaurant, in a car, at a picnic, etc.
- Each day note all bowel movements, describe their consistency (regular, loose, firm, etc.), frequency, and any additional information

3-Day Food Journal – Day 1

Date: _____ Day of Week: _____

Meal:	Food and Beverages	Mood and/or Symptoms
<u>Breakfast</u> Time:		
<u>Snack</u> Time:		
<u>Lunch</u> Time:		
<u>Snack</u> Time:		
<u>Dinner</u> Time:		
<u>Snack</u> Time:		
Any Exercise or Physical Activity?		
Bowel Movements		
Time: Description:		
Time: Description:		
Time: Description:		

3-Day Food Journal – Day 2

Date: _____ Day of Week: _____

Meal:	Food and Beverages	Mood and/or Symptoms
<u>Breakfast</u> Time:		
<u>Snack</u> Time:		
<u>Lunch</u> Time:		
<u>Snack</u> Time:		
<u>Dinner</u> Time:		
<u>Snack</u> Time:		
Any Exercise or Physical Activity?		
Bowel Movements		
Time: Description:		
Time: Description:		
Time: Description:		

3-Day Food Journal – Day 3

Date: _____ Day of Week: _____

Meal:	Food and Beverages	Mood and/or Symptoms
<u>Breakfast</u> Time:		
<u>Snack</u> Time:		
<u>Lunch</u> Time:		
<u>Snack</u> Time:		
<u>Dinner</u> Time:		
<u>Snack</u> Time:		
Any Exercise or Physical Activity?		
Bowel Movements		
Time: Description:		
Time: Description:		
Time: Description:		