

­­­­Diet Journal

First of all, I want to say CONGRATULATIONS! If you are reading this, that means you have made the decision to change something about your diet in pursuit of wellness and a healthier lifestyle. You may be at the point where I was, where you just don’t feel well, and you’re sick of being sick all the time! Maybe you’re here because all other medical options have been exhausted and you’re desperate for answers and help! By taking this step, you are trying, and willing to better understand how your body works and are ready to listen to what your body is telling you. Setting aside a few minutes a day to keep track of the foods you consume and how they make you feel is of utmost importance. When I did this for myself in April 2012, I never thought it would have been so life changing! I became so passionate about health and wellness through simple diet modifications that I want to help you through your journey to better health. I am so excited for you- and remember, this is for your benefit and I am here to offer you my help, expertise, support, and love as we go through this together.

*How It Works*During this week you will write down EXACTLY what you eat and drink at each meal and snack time throughout the day. It helps to break down the ingredients if you can, especially for homemade meals. For example, if you have a chicken salad sandwich for lunch- try to write down what was in the chicken salad: chicken breast, specific brand of mayo, grapes, walnuts, celery, salt, wheat bread. This may seem tedious, but it will help you pinpoint exactly what may be causing you to have symptoms. If you just write down chicken salad sandwich, you may not correlate a reaction to the same or similar ingredients in a couple of weeks; or you may say, “well can’t have chicken salad anymore” when really it was just the celery that was causing the symptoms and you just have to omit that next time you make it. Make sense?*Things to keep in mind*\* Be honest. I am not here to judge you- we won’t be able to figure out what is a reactor food for you if you are ashamed or feel guilty logging that snickers bar you ate at lunch time. You are already taking that step toward wellness because you are here! :)\* The whole reason behind food journaling is to understand which foods cause reactions, such as inflammation or headaches, and perhaps understand why we make these food choices. Often times we crave the foods that are in fact reactor foods for us. So try your very best to write it all down.\* Everyone is different. What may be a reactor food for me, may not be for you. I can make suggestions and guide you, but only you know how your body is feeling. \* This may be the most important of all. THIS IS NOT A DIET PLAN. Don’t do anything differently than your normal right now except writing it all down. Again, we can’t narrow down what is a reactor food if you’re cutting things out of your diet that you normally consume daily.

\* Take special note and pay really good attention to how you FEEL after you eat your meal/snack

\* Be as descriptive as possible

*What to expect next*

After you have recorded a couple weeks at a time, you and I will go over your journal in detail. I will advise you and make suggestions about what foods you could try to cut out and what foods to maybe add in (such as drink more water and less soda pop). From here you will implement these suggestions over the next 2 weeks and then at our following session we will again discuss, noting changes in how you feel.

*Symptom List*

|  |  |  |
| --- | --- | --- |
| Head + Mood | Skin + Musculoskeletal | Gastrointestinal |
| Headache/ Migraine | Joint Pain | Stomach Ache |
| Nasal Congestion | Skin Rash | Gas |
| Difficulty Concentrating | Acne | Bloating |
| Anxiety | Hives | Constipation |
| Depression | Itching | Diarrhea |
| Exhaustion | Eczema | Nausea |
| Fatigue | Redness | Vomiting |
| Foggy | Swelling | Heartburn |
| Irritability | Tingling | Loss in Appetite |
| Nervousness | Stiffness | Sharp Pain |

\* Please note: I am not in any way diagnosing and/or treating you for any disease or illness. I encourage you to talk to your physician about any medical symptoms you are having. My suggestions are merely holistic and centered around diet and lifestyle modifications to achieve wellness.

*Example journal entry*

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast | Plain oatmeal with 1 tablespoon Earth Balance butter, 2 tablespoons brown sugar, and approx. 1 cup unsweetened almond milk | Woke up feeling tired, didn’t feel like making breakfast. Ate very quickly running out the door for work. Felt bloated after eating breakfast and had a mild stomach ache.  |
| Lunch | Tuna fish sandwich on wheat bread (tuna, mayo, celery, onion), apple, snack bag of Lays potato chips | Was starving at lunch, ate too fast and was again bloated. Also very thirsty after lunch. |
| Snack(s) | Snickers bar, chocolate chip cookie | Was craving sugar and chocolate in the middle of the day, tired, unmotivated to work |
| Dinner | Roasted chicken (crockpot), broccoli cheese rice (from a box), garlic bread (store bought) | Dinner was quick and easy, delicious. Needed to lay down to relax after dinner and watched tv. |
| Dessert | Bowl of cookie dough ice cream (Ben & Jerry’s)- 2 scoops | Cramping, gas |
| Beverages | 3 cups of coffee with 2 creamers + 2 packs of sweet n’ low, iced tea for lunch with 2 sweet n’ low sugars, 1 glass (8oz) water, Mountain Dew, 1 glass of 2% milk with dinner. | I need at least 3 cups of coffee to get me through the day. I crave it to wake up in the morning. I don’t like to drink a lot of water so I don’t have to use the restroom a lot at work. |

**Day 1**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 2**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 3**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 4**Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 5**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 6**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 7**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 8**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 9**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 10**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 11**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 12**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 13**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 14**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 15**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 16**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 17**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 18**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 19**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 20**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 21**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 22**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 23**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 24**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 25**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 26**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 27**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 28**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 29**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

**Day 30**

Date: \_\_\_\_\_\_\_ Physical Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Changes in bowels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MON TUES WED THURS FRI SAT SUN

Hours of sleep: 4 5 6 7 8 9 10 Water Intake (oz):\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Meal* | *Food* | *Symptoms/Energy Level* |
| Breakfast |  |  |
| Lunch |  |  |
| Snack(s) |  |  |
| Dinner |  |  |
| Dessert |  |  |
| Beverages |  |  |

Notes:

*Take some time to reflect*

What has doing this journal meant to you?

What changes can you see that you need to make?

How will making those changes benefit your lifestyle?

List the changes you will make a part of your everyday routine:

What has this journal taught you about the foods we consume?

Well, I hope you have found this exercise beneficial and interesting. Now that you have brought more awareness to your diet and your lifestyle, my hope is for you to take this and implement the changes you and I have discussed and continue them long after our program is over. Remember, it’s ok to indulge a little bit here and there, but making major lifestyle changes now will help prevent health issues later. We can still enjoy amazing, flavorful food- we just simply have to do it in a different way that requires a little more thoughtfulness and commitment. Without our health, we essentially don’t have anything.

“He who has health has hope; and he who has hope has everything”

- Thomas Carlyle

“Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well.”

- 3 John 1:2

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