



## Food and Observations Journal

Name: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Welcome to Food Journaling! This is a great way to track your food and observations throughout your meals, which can help identify areas of improvement. Please be 100% honest! Include everything you consume- beverages, snacks, gum, supplements, etc. The more accurate you are on your food journal, the more progress we can make to achieve nutrition goals.

### ***Helpful Tips:***

***Water/supplements/medications:*** If it is easier, you can put the total amount of water at the end of each journaling day. For supplements and medications, feel free to use a separate piece of paper to write the dosage and time you took these substances.

***Bowel Movements:*** Include time of day and quality of bowel movement. Use Bristol Stool Chart (bottom page) to record appearance. Feel free to add details of necessary- the more information, the better! If you do not have a bowel movement, record that as well.

***Exercise and Sleep:*** The more informative in these categories, the better! Include type of exercise, duration, and feelings during exercise. For sleep, include the time you woke up, the time you went to bed, and your sleep quality.



| When?                                 | What?           | How much?      | How did you feel?                           |
|---------------------------------------|-----------------|----------------|---|
| Ex: 8:30am                            | Eggs, cage free | 2, hard boiled | Felt bloated an hour after breakfast        |
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| <b>Exercise:</b><br><br><b>Water:</b> |                 |                | <b>Bowel Movement:</b><br><br><b>Sleep:</b> |



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| <b>Exercise:</b><br><br><b>Water:</b> |                 |                | <b>Bowel Movement:</b><br><br><b>Sleep:</b> |



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| <b>Exercise:</b> |                 |                | <b>Bowel Movement:</b>               |
| <b>Water:</b>    |                 |                | <b>Sleep:</b>                        |



## **Additional Observations**

*How did the process of food journaling make you feel? Did it cause you to eat differently than usual? Explain.*

*Did you notice any patterns/surprises in your food journal?*








*Is there anything in your food journal you would like to work on?*



**Additional Supplements or Medications: (If you are taking numerous supplements, it may be easier to include them in this section)**

**Additional Comments (if any):**

**Bristol Stool Chart**

|   |  |
|---|--|
|    | <b>Type 1</b> Separate hard lumps, like nuts                 |
|    | <b>Type 2</b> Sausage-like but lumpy                         |
|    | <b>Type 3</b> Like a sausage but with cracks in the surface  |
|   | <b>Type 4</b> Like a sausage or snake, smooth and soft       |
|  | <b>Type 5</b> Soft blobs with clear-cut edges                |
|  | <b>Type 6</b> Fluffy pieces with ragged edges, a mushy stool |
|  | <b>Type 7</b> Watery, no solid pieces                        |