



# Inside Out Nutritional Therapy

YOUR FOOD  
*Journal.*

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Write down everything you eat and drink for three days, including all snacks, beverages and water. Please include approximate amounts. If you notice any mood or digestive changes associated with a meal/snack, record it in the right-hand column. Also make note of bowel motions (time, frequency, colour and consistency).

MEAL	BEVERAGES	MOOD/DIGESTIVE CHANGES
Breakfast   TIME:		
Snacks   TIME:		
Lunch   TIME:		
Snacks   TIME:		
Dinner   TIME:		
Snacks   TIME:		