Sheila Gannon, MA, MNT
sheila@mynutritionalseeds.com
303.913.1441

Food Journal Client's Name:

Please list all food and drink that you consume for 3-5 consecutive days. It is important to record all foods, (including snacks), beverages, medicines & supplements. Please provide the amounts (e.g., 8 oz of water, 1/2 cup oatmeal, etc.), and brand names of packaged foods.

The purpose of the food journal is for both you and I to get a better understanding of your current diet and eating habits. Please be as accurate as possible. There should be no judgment, this will provide us with a starting point for nutritional changes.

You will notice a column for recording observations, these can be emotional or physical (e.g., headache, irritable, hives, bloating, etc.). The reason for providing information regarding bowel movements is provide information with how your body is assimilating food. Also, over 70% of your immune system begins in your gut. Promoting a healthy functioning digestive system is vital to optimal health.

Date: _____ How many hours did you sleep last night, & how did you sleep?

Please describe exercise.

	Food & Beverage	Time	Observations	Bowel Movements (constipation, diarrhea, floating stool, pale, yellow, etc.)
Breakfast				
Snack				
Lunch				
Snack				
Dinner				
Snack				
Medicines & Supplements				

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Snack				
Lunch				
Snack				
Dinner				
Snack				
Medicines & Supplements				

Additional Notes:

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Lunch				
Snack				
Dinner				
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