

Daily Food Journal

Date: _____

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Water Intake (# of glasses or ounces): _____

Other drinks: _____

Bowel Movement: Yes or No

Exercise today: _____

Mood today: _____

Hours of sleep last night: _____

My focus or goal for this week is: _____

