

PERSONAL
FOOD
JOURNAL



IMMUNTRITION Health Consultations

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.

Meal	Beverages	Mood/Digestive Changes
Breakfast (Time: _____)		
Snacks (Time: _____)		
Lunch (Time: _____)		
Snacks (Time: _____)		
Dinner (Time: _____)		
Snacks (Time: _____)		