

**DAY 1**  
**FOOD**  
**JOURNAL**



**FERTILITY** Consultation 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.

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

**DAY 2**  
**FOOD**  
**JOURNAL**



**FERTILITY** Consultation 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.

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

**DAY 3**  
**FOOD**  
**JOURNAL**



**FERTILITY Consultation 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.

<b>Meal</b>	<b>Beverages</b>	<b>Mood/Digestive Changes</b>
Breakfast (Time: _____)		Bowel Movement? _____
Snacks (Time: _____)		
Lunch (Time: _____)		Bowel Movement? _____
Snacks (Time: _____)		
Dinner (Time: _____)		Bowel Movement? _____
Snacks (Time: _____)		