



Longmont Healing Arts Clinic

FOOD JOURNAL

Name: _____

Date: _____

Write down everything you eat and drink for 3-5 days, including all snacks, beverages and water. Please include approximate amounts. Also record significant mood or energy changes and digestive symptoms.

	MEAL	MOOD/ENERGY	DIGESTION
Breakfast Time: _____			
Lunch Time: _____			
Dinner Time: _____			
Snacks Times: _____ _____ _____			
Beverages Times: _____ _____ _____			
Water— # Ounces Times: _____ _____ _____			