root cause nutrition

Food Diary and Observation Journal

Name: _____

Date:_____ *Mon* *Tues* *Wed* *Thurs* *Fri* *Sat* *Sun*

Meals (include all food & fluids)	Qty	Time	Where & With Whom	Note differences in feelings, mood, & energy before during & after eating
Breakfast				
Snack				
Lunch				
Snack				
Dinner				
Snack				
Beverages (water/other)				

	Qty	Time
Supplements/Medications		
	Size	**Time**
Bowel Movements		
	Duration	**Time**
Exercise		
	# Hours	**Quality**
Sleep		

Other Comments/Notes/Observations

Tina Deeds, Master Nutrition Therapist
www.root-cause-nutrition.com | tina@root-cause-nutrition.com | 248.703.8303

revised:Jun-18