



Whole Health Nutrition, LLC
3 Day Food Journal

Name:

It is important to keep an accurate record of your **usual** food & beverage intake as a part of your nutrition assessment. Please complete this Food Journal for **3** consecutive days; include one weekend day.

Instructions:

- Do **not** change your eating behavior at this time, the purpose of this food record is to analyze your present eating habits and health practices.
- Record your information as soon as possible after the food has been consumed
- Please describe all foods and beverages consumed as accurately and in as much detail as possible including estimated amounts, brand names, cooking method, etc.
- Record the amount of each food or beverage consumed using standard measurements such as 8 ounces, 1/2 cup, 1 teaspoon, etc.
- Include any added items, for example: tea with 1 teaspoon honey, potato with 2 teaspoons butter, etc.
- List all beverages and types, including water, coffee, tea, sports drinks, sodas/diet sodas, alcohol, etc.
- Please comment on any noted emotional or physical symptoms including hunger level, stress, bloating, fatigue, adverse reaction experienced, etc.
- Include comments about eating habits and environment such as reasons for skipping a meal, when a meal was eaten at a restaurant, etc and any additional details that may be important
- Include details about your exercise including type, duration, intensity AND time.
- Each day please note all bowel movements, describe their consistency (regular, loose, firm, etc.), frequency, and any additional information
- If desired an online food journal may be kept at www.fitday.com, www.myfitnesspal.com, or www.choosemyplate.gov

You will need to print 3 copies of this log, one for each day.

Name: _____

Date: _____	Food & Beverages		Comments & Symptoms
Breakfast Time:			
Snack Time:			
Lunch Time:			
Snack Time:			
Dinner Time:			
Exercise (describe) Time:			
Elimination Description/ Time:			