

30 Day

F O O D

Journal

Be as specific and detailed as you can. This is for you to learn how your body is functioning and reacting to the different things you are consuming!

After these 30 days you will start to see patterns. In the pain section, be specific to what side of the body and exact location.

It is also a good idea to take pictures of your food

Take this information and go over the results with your doctor.

30 Day

F O O D

Journal

Below are the different categories you will be filling out each day.

Time: Write exact times that any of the events occurred.

Food: Write all the foods you consume. Be as specific as possible. It is also a great idea to take pictures of everything you eat. That will help you keep record as well as have everything time stamped!

Drink: Drink plenty of water always. A good rule of thumb is half your weight and drink that in ounces. ex: if you weigh 150 lbs, drink 75 ounces of water a day! But log everything you drink, not just water.

Restroom: Don't be shy here. Be specific, diarrhea, constipation, loose stools, etc.

Pain: Be specific if it is left shoulder pain or migraine over right eye, lower abdominal cramps, etc.

Mood: Food actually has a lot to do with our emotions. Log them, see if you can find a pattern.

Food Journal

DAY 1

Date:
Weather:
How did you sleep:
How were you feeling when you woke up?

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes:

Food Journal

DAY 2

Date:

Weather:

How did you sleep:

How were you feeling when you woke up?

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

Food Journal

DAY 3

Date:
Weather:
How did you sleep:
How were you feeling when you woke up?

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes:

Food Journal

DAY 4

Date:
Weather:
How did you sleep:
How were you feeling when you woke up?

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes:

Food Journal

DAY 5

Date:

Weather:

How did you sleep:

How were you feeling when you woke up?

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

Food Journal

DAY 6

Date:
Weather:
How did you sleep:
How were you feeling when you woke up?

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes:

Food Journal

DAY 7

Date:

Weather:

How did you sleep:

How were you feeling when you woke up?

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

Food Journal

DAY 8

Date:
Weather:
How did you sleep:
How were you feeling when you woke up?

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes:

Food Journal

DAY 9

Date:
Weather:
How did you sleep:
How were you feeling when you woke up?

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes:

Food Journal

DAY 10

Date:
Weather:
How did you sleep:
How were you feeling when you woke up?

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes:

Food Journal

DAY 11

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes: _____

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 12

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes: _____

Food Journal

DAY 13

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 14

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 15

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)

Food Journal

DAY 16

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 17

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 18

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes: _____

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 19

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD	DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes: _____

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 20

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 21

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD	DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 22

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 23

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 24

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 25

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 26

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 27

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 28

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 29

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?
Patterns noticed & notes: _____

(Use this page if you want to continue past the 10 days)



Food Journal

DAY 30

Date: _____ (Use this page if you want to continue past the 10 days)
Weather: _____
How did you sleep: _____
How were you feeling when you woke up? _____

TIME	FOOD			DRINK	RESTROOM	PAIN	MOOD

Did you intentionally eliminate any foods today?

Patterns noticed & notes:

(Use this page if you want to continue past the 10 days)



Food Journal

Personal Assessment

Are there certain foods that you consistently reacted to?

Did you notice a correlation between what you were eating and your bowel movements?

Did you notice a correlation between what you were eating and your pain level or mood?

Did you notice a correlation between the weather and how you were feeling overall?

What else did you learn about yourself while completing this 30 day journal?