


Food and Health Log

At the end of each day take a moment to journal your daily food intake, physical symptoms, and stress levels.
Your journal should include:

DATE & TIME	FOOD/DRINK/MEDICATION CONSUMED	EMOTIONAL/PHYSICAL SYMPTOMS	BM TYPE	STRESS LEVEL 1-10

<p>Glasses of water consumed:</p> 	<p>Hours of sleep: How did you feel upon waking?: How often were you up?:</p>
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DISCLAIMER: This is not a substitute for professional medical advice, diagnosis, or treatment.



Food/Drink/Medications

- Please refrain from changing your eating habits for the first two weeks. This journal is to look at your regular food/eating patterns. If that means you usually stand over your sink and eat leftovers for 5 nights in a row, then write that down. Writing down your current food intake may make you feel some guilt about your eating habits, but you need to not make major changes until you have completed this journal for at least 2 weeks.
- Please be detailed with your food intake as well as any drinks other than pure water.
- Please list ALL your medications, whether they are prescriptions or over-the-counter cold pills, or supplements. They can each affect how we feel overall for the better or worse.
- If you decide to make changes after the first 2 weeks, please consult your physician or dietician. Please only change one thing at a time to allow for you to notice if the change has had a negative or beneficial impact on you. Maybe eliminate sugar, cut down on red meat, or switch from soft drinks to green tea, but not all at once or you will not know what is benefiting you.

Stress Level

- Describe your stress level on a scale of 1-10. 1 being calm, cool and collected. 10 feeling like you're about to have an emotional breakdown. If you know what the source of your stress is, write it down in the emotional/physical symptoms area.

Glasses of Water Consumed

- The general recommendation is to drink half your weight (in pounds) in ounces of water. So many people are dehydrated on a regular basis and don't even know it. This can lead to other health problems. Decide now, how many ounces of water each glass on the chart will represent for you. Example: if the usual water bottle you drink from is 24 ounces, then each cup on the chart should represent 24 ounces to make it

BM (Bowel Movements)

- No, this column wasn't a joke - poop is important. Other than pain and discomfort, your bowels are often an indicator of you your food is affecting you. Fill in the type of bowel movement based on the handy chart on the next page.

Emotional/Physical Symptoms

- Describe any aches, pains, or general discomfort: headaches, gas, nausea, sore joints, etc.
- Describe your emotional state: happy, calm, fearful, angry, frustrated, elated, content, etc. If you know the source of your emotional state, write it down as well.

Getting your Zzzzs

Sleep can impact your appetite and your mood and vice versa, therefore it needs to be monitored. Going to bed on a regular schedule can have many benefits. Get down the number of hours, how you felt in the morning (restless, exhausted, awake, well-rested) and how often you were up during the night. Also, what did you do when you were up? Be thoughtful about your nighttime hours.

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easy. If I weigh 140 pounds, I need to drink 70 ounces of water a day. Using a 24 ounce bottle, that's 3 bottles of water per day. Cross-out, circle, heart or smiley face over the bottles you drink, hooray for you!

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Bristol Stool Form Scale

Hard/lumpy stools



Type 1
Separate hard
lumps, like nuts
(hard to pass)



Type 2
Sausage-
shaped but
lumpy

Normal consistency stools



Type 3
Like a sausage
but with cracks
on the surface



Type 4
Like a sausage
or snake, smooth
and soft



Type 5
Soft blobs
with clear-cut
edges

Loose/watery stools



Type 6
Fluffy pieces with
ragged edges,
a mushy stool



Type 7
Watery, no
solid pieces;
entirely liquid

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