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FOOD JOURNAL

Name: _____ Date: _____

Write down everything you eat and drink for 3 days, including snacks, beverages, and water. Please include approximate amounts. If you notice any mood or digestive changes associated with a meal/snack, record it in the right-hand column.

MEAL	BEVERAGES	MOOD/DIGESTIVE CHANGES
Breakfast (Time _____)		
Snacks (Time _____)		
Lunch (Time _____)		
Snacks (Time _____)		
Dinner (Time _____)		
Snacks (Time _____)		