



Food Journal

Name: _____

Date: _____

Write down everything you eat and drink for three days, including all 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. At the bottom please record all bowel movements along with stool type.

Meal	Beverages	Mood/Digestive Changes
Breakfast (Time: _____)		
Snack (Time: _____)		
Lunch (Time: _____)		
Snack (Time: _____)		
Dinner (Time: _____)		
Snack (Time: _____)		

Bowel Movements (Frequency and Type)



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Bowel Movements (Frequency and Type)

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid