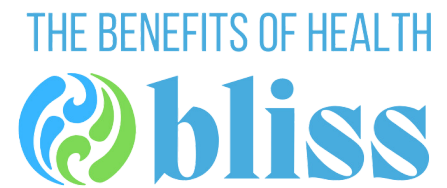


Your Guide to Food Journaling



Hey you!

I am a big believer that you must have information in order to understand and make the best decisions for yourself.

No one will ever know your body as well as you do. But you have to listen to it.

That's the beauty of a food journal. And that's why I put together this easy-to-use tracker for 1 week.

Listen, there's lots of wellness tips out there, but if you're going to start somewhere, start with your own body and listening to what works and what doesn't.

Keep in mind that something might work some days and not work on others. It's your job to play the investigator and decode *why*. Were you more stressed on the day it didn't work? Was there a combination of factors at play?

I hope this week is a jumping off point into better health and wellness. Know that I am here to help when/if you're ready.

~Barbie





MONDAY

EXAMPLE

11

28

2022

Sleep

Poor **Average** Great

Why: Drank wine last night and it disrupted my sleep

Time I woke up today: 5:30 am

Water



1 check box= 8 oz

Day of Cycle

Day 8

(Day your period starts is D1)

Breakfast

Food: **Banana, strawberry, orange w/ honey and walnuts**

How I felt after

Good! No symptoms.

Drink: **Coffee w/ half & half**

Movement

25 min jog

Self-Care

20 min meditation

Lunch

Food: **Greens w/ turkey, cucumber, red onion and olive oil**

How I felt after

A little bloated. Ate too fast, not satisfied. Craving chocolate afterwards.

Drink: **none, just water**

Supplements

Multi, Probiotic, Omega 3s

(To save time, I only write down if I started or stopped any supplements)

Symptoms

(Some examples: Energy level, fatigue, mood, cravings, digestion--bloating, constipation, etc., skin--acne, rash, eczema, etc., headache, joint pain)

Dinner

Food: **Sweet potato bowl w/ kale, squash and Brussels sprouts**

How I felt after

Good! Ate at TV, but it was delicious.

Drink: **La Croix**

Poops

After breakfast--normal

(note if diarrhea or abnormal)

Snacks

Food: **Apple around 3:30 pm**

How I felt after

Energy boost!

Drink: **n/a**

I love my body today because:

- 1) **Ran faster than usual! Getting stronger.**
- 2) **Feeling light today!**
- 3) **My skin is glowing!**

Time I went to sleep today: 10:00 pm



MONDAY



Sleep

Poor Average Great

Why: _____

Time I woke up today: _____

Breakfast

Food:

How I felt after

Drink:

Lunch

Food:

How I felt after

Drink:

Dinner

Food:

How I felt after

Drink:

Snacks

Food:

How I felt after

Drink:

Time I went to sleep today: _____

Water



1 check box= 8 oz

Day of Cycle

Movement

Self-Care

Supplements

Symptoms

Poops

I love my body today because:

1)

2)

3)



TUESDAY



Sleep

Poor Average Great

Why: _____

Time I woke up today: _____

Breakfast

Food:

How I felt after

Drink:

Lunch

Food:

How I felt after

Drink:

Dinner

Food:

How I felt after

Drink:

Snacks

Food:

How I felt after

Drink:

Time I went to sleep today: _____

Water



1 check box= 8 oz

Day of Cycle

Movement

Self-Care

Supplements

Symptoms

Poops

I love my body today because:

1)

2)

3)



WEDNESDAY



Sleep

Poor Average Great

Why: _____

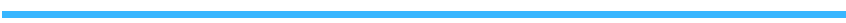
Time I woke up today: _____

Breakfast

Food:

How I felt after

Drink:



Lunch

Food:

How I felt after

Drink:



Dinner

Food:

How I felt after

Drink:



Snacks

Food:

How I felt after

Drink:



Time I went to sleep today: _____

Water



1 check box= 8 oz

Day of Cycle

Movement

Self-Care

Supplements

Symptoms

Poops

I love my body today because:

- 1)
- 2)
- 3)



THURSDAY



Sleep

Poor Average Great

Why: _____

Time I woke up today: _____

Breakfast

Food:

How I felt after

Drink:

Lunch

Food:

How I felt after

Drink:

Dinner

Food:

How I felt after

Drink:

Snacks

Food:

How I felt after

Drink:

Time I went to sleep today: _____

Water



1 check box= 8 oz

Day of Cycle

Movement

Self-Care

Supplements

Symptoms

Poops

I love my body today because:

1)

2)

3)



FRIDAY



Sleep

Poor Average Great

Why: _____

Time I woke up today: _____

Breakfast

Food:

How I felt after

Drink:

Lunch

Food:

How I felt after

Drink:

Dinner

Food:

How I felt after

Drink:

Snacks

Food:

How I felt after

Drink:

Time I went to sleep today: _____

Water



1 check box= 8 oz

Day of Cycle

Movement

Self-Care

Supplements

Symptoms

Poops

I love my body today because:

1)

2)

3)



SATURDAY



Sleep

Poor Average Great

Why: _____

Time I woke up today: _____

Breakfast

Food:

How I felt after

Drink:

Lunch

Food:

How I felt after

Drink:

Dinner

Food:

How I felt after

Drink:

Snacks

Food:

How I felt after

Drink:

Time I went to sleep today: _____

Water



1 check box= 8 oz

Day of Cycle

Movement

Self-Care

Supplements

Symptoms

Poops

I love my body today because:

1)

2)

3)



SUNDAY



Sleep

Poor Average Great

Why: _____

Time I woke up today: _____

Breakfast

Food:

How I felt after

Drink:

Lunch

Food:

How I felt after

Drink:

Dinner

Food:

How I felt after

Drink:

Snacks

Food:

How I felt after

Drink:

Time I went to sleep today: _____

Water



1 check box= 8 oz

Day of Cycle

Movement

Self-Care

Supplements

Symptoms

Poops

I love my body today because:

1)

2)

3)