

**5 Day Food and
 Personal Observations Journal**

Name: _____

- Record what, how much, and when you eat. Include vitamins, medications, supplements, and condiments. Also note whether the food was fresh, frozen, raw, baked, fried, etc. Write down what you eat immediately after you eat it, so you don't forget anything.
- Bowel Movements: Note number, time and consistency.
- Water: Record water and other fluids that you drink in ounces.
- Exercise: Note the type of exercise or activity and how long you did it.
- Energy: Write a number 1-5 that represents your overall energy for the day (1=low, 5= high). Note time of any slumps or spikes.
- Stress: Write a number 1-5 that represents your overall stress for the day (1=low, 5= high). Note any particular stressors.
- Sleep Quality: 1-5 (1=poor, 5=excellent).
- Place any additional notes and thoughts below:

Day 1

Date:

Time of Day	Amount and Description of Food Eaten
Bowel movements (number and time)	
Water (ounces) Other drinks	
Exercise/ Activity Type How long	
Energy (1-5)	
Stress (1-5)	
Sleep Quality (1-5)	

Wake time	
Sleep time	
Day 2	Date
Time of Day	Amount and Description of Food Eaten
Bowel movements (number and time)	
Water (ounces) Other drinks	
Exercise/ Activity Type How long	
Energy (1-5)	
Stress (1-5)	
Sleep Quality (1-5)	

Wake time	
Sleep time	
Day 3	Date
Time of Day	Amount and Description of Food Eaten
Bowel movements (number and time)	
Water (ounces) Other drinks	
Exercise/ Activity Type How long	
Energy (1-5)	
Stress (1-5)	
Sleep Quality (1-5)	

Wake time	
Sleep time	
Day 4	Date
Time of Day	Amount and Description of Food Eaten
Bowel movements (number and time)	
Water (ounces) Other drinks	
Exercise/ Activity Type How long	
Energy (1-5)	
Stress (1-5)	
Sleep Quality (1-5)	

Wake time	
Sleep time	
Day 5	Date
Time of Day	Amount and Description of Food Eaten
Bowel movements (number and time)	
Water (ounces) Other drinks	
Exercise/ Activity Type How long	
Energy (1-5)	
Stress (1-5)	
Sleep Quality (1-5)	

Wake time	
Sleep time	