Please be as complete and honest as possible when recording in your Food Feelings and Symptoms (FFS) journal. I can better assist you with your health and nutrition goals when I have accurate information. If you have any questions or concerns during your recording process please contact me. I will be happy to clarify or support you in any way possible.

Directions:

- List all food and non-water beverage intake (tea, coffee, soda, juice wine, etc.) Anything that passes your lips should be recorded.
- List the quantity of each item consumed (i.e. cups, tablespoons, ounces, etc.)
- When possible, record food sources (i.e. canned, frozen, raw, whole, packaged, etc.)
- Record the time for each entry (food intake and observations).
- Focus on how your body feels before and after each meal. Record your observations on the chart, and answer the questions relating to your mood and/or physical being throughout the day.
- Record all water intake by circling a W for every 8oz. glass consumed. ***This is for water only.***
- List all bowel movements (BM).
- Relax, and breathe. You are on your way to improving your health.

Name: _____

Date: _____

Time	Food Intake & Non-Water Beverages (Include sources—canned and quantity—1 cup)	Observation (bloating, headache, fatigue, etc)

When did I feel at my best today? Was food or eating a factor?

When did I feel at my worst today? Was food or eating a factor?

Why did I choose the foods I ate today? (social, convenience, etc)

In summary, based on how I felt today, what would I change and wha would I keep the same?

Water Consumption (W = 8oz.)

W W W W W W W W W W

Bowel Movements

Time: Consistency:

Time: Consistency:

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Silver Nutrition

Time	Food Intake & Non-Water Beverages (Include sources—canned and quantity—1 cup)	Observation (bloating, headache, fatigue, etc)

When did I feel at my best today? Was food or eating a factor?

When did I feel at my worst today? Was food or eating a factor?

Why did I choose the foods I ate today? (social, convenience, etc)

In summary, based on how I felt today, what would I change and what would I keep the same?

Water Consumption (W = 8oz.)

W W W W W W W W W W

Bowel Movements

Time:
Consistency:

Time:
Consistency:

Time	Food Intake & Non-Water Beverages (Include sources—canned and quantity—1 cup)	Observation (bloating, headache, fatigue, etc)

When did I feel at my best today? Was food or eating a factor?

When did I feel at my worst today? Was food or eating a factor?

Why did I choose the foods I ate today? (social, convenience, etc)

In summary, based on how I felt today, what would I change and what would I keep the same?

Water Consumption (W = 8oz.)

W W W W W W W W W W

Bowel Movements

Time:
Consistency:

Time:
Consistency: