

# Daily Food Journal

Date: \_\_\_\_\_

Day of the week: \_\_\_\_\_

This is a journal for you to keep track of your eating habits each day. Write down the time that you eat and the food you eat. Write down if you have any symptoms (such as throwing up, diarrhea, or feeling bloated) and what time these symptoms happen. You can also write any notes you have about your feelings, your blood sugar, or anything else you want to remember about your meals.

Time	Food	Symptoms	Notes
<b>Example:</b> 10:00 AM 10:30 AM	Waffles, eggs, bacon	Diarrhea and bloating	Felt good emotionally, a little guilty after eating  Sugar was _____ mg/dL