

# 7 Day Food Symptom Journal

## Benefits of the Food Symptom Journal

- Changes the focus from thinking about food as calories and the scale to food as messengers that influence how you feel.
- Allows you to identify patterns in how you are feeling based on your food, and lifestyle.
- Helps you become aware of the frequency that you experience any adverse symptoms.
- Increases awareness of changes that you can make to feel better.

## Outcome: Self-Regulation

- Helps you lean into the foods and activities that make you feel your best.
- Helps you recognize that you have the ability to control how you feel.

“Now that I can see such a strong correlation, I will not consciously make myself feel this way again.”

## What is Your Body Communicating to You?

Rather than normalize the symptoms that you are experiencing or mask them, take note of them.

How do you feel...

- After eating?
- After drinking coffee?
- After moving versus sitting?
- After cardio-based workouts vs. strength training vs. yoga?
- When your heart rate increases or you're feeling overwhelmed (stress)?
- When you are sleep-deprived?

## Common Symptoms to Take Note of:



### ENERGY

Does this meal make me feel more energized or extremely tired?



### BLOATING/ABDOMINAL PAIN

Do I have optimal digestion or feel bloated after this meal?



### SLEEP QUALITY

Do the foods & beverages that I've consumed today help me sleep better or lay awake?



### HUNGER

Does this meal make me feel satisfied for hours or am I hungry soon after?



### BOWEL MOVEMENTS

Does this meal help my bowels feel more regular or less (constipation/diarrhea)?



### CRAVINGS

Do the foods that I've eaten today lead me to have fewer or more cravings?



### JOINT PAIN

Am I pain-free or have more joint pain or stiffness 24 hours after this meal?

## Nutrition Information

Time	Food or Beverage (including serving sizes)	Reported Symptoms
8 am	16 fl oz black coffee with 2 splashes of cream + banana + 8 fl oz water	Not hungry
12 pm	Arugula salad with 2 cups of arugula, 1/4 cup onions, 1/2 cup blueberries, broccoli sprouts, handful of bell peppers, 1/4 cucumber, 4 oz grilled organic chicken, 2 tbsp Primal Kitchen Lemon Dressing with 1 cup peppermint tea + 1 square dark chocolate 80% cacao	Headache before lunch, felt better after eating
2 pm	Kirkland protein bar + 8 fl oz water & diet soda	
6 pm	6 chicken wings + 1/2 baked potato with butter + 1/2 cup steamed broccoli with butter	
8 pm	2 glasses of red wine	

## Supplements

2 omega 3s, 2 probiotic, 1 vitamin C

## Additional information



### SLEEP THE PREVIOUS NIGHT:

- 7+ rested hrs 
  7+ interrupted hrs 
  6-7 quality hrs 
  6-7 interrupted hrs 
  <6 hrs



### NOTABLE SYMPTOMS:

- Fatigue 
  Digestion 
  Reflux 
  Joint Pain 
  Mood Swings 
  Headaches 
  Sleep 
  Other: \_\_\_\_\_



### BOWEL MOVEMENT:

- Constipation 
  Pebbly 
  Firm 
  Loose 
  Diarrhea  
 Frequency: Once  
 Time of Day: Morning



### STRESS LEVEL:

- Extreme 
  High 
  Medium 
  Low 
  None  
 Stress Reducing Practice:  Breathing,  Meditation,  Journaling,  None,  Other: \_\_\_\_\_



### HYDRATION:

- <30 fl oz 
  30 fl oz 
  60 fl oz 
  90 fl oz 
  90> fl oz



### MOVEMENT:

Walked 3 miles



Name: \_\_\_\_\_

Day 2/Date: \_\_\_\_\_

## Nutrition Information

Time	Food or Beverage (including serving sizes)	Reported Symptoms

## Supplements

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## Additional information



### SLEEP THE PREVIOUS NIGHT:

- 7+ rested hrs  7+ interrupted hrs  6-7 quality hrs
- 6-7 interrupted hrs  <6 hrs



### NOTABLE SYMPTOMS:

- Fatigue  Digestion  Reflux  Joint Pain
- Mood Swings  Headaches  Sleep
- Other: \_\_\_\_\_



### BOWEL MOVEMENT:

- Constipation  Pebbly  Firm  Loose  Diarrhea
- Frequency: \_\_\_\_\_
- Time of Day: \_\_\_\_\_



### STRESS LEVEL:

- Extreme  High  Medium  Low  None
- Stress Reducing Practice:  Breathing,  Meditation,
- Journaling,  None,  Other: \_\_\_\_\_



### HYDRATION:

- <30 fl oz  30 fl oz  60 fl oz  90 fl oz  90> fl oz



### MOVEMENT:

\_\_\_\_\_

Name: \_\_\_\_\_

Day 3/Date: \_\_\_\_\_

## Nutrition Information

Time	Food or Beverage (including serving sizes)	Reported Symptoms

## Supplements

\_\_\_\_\_

\_\_\_\_\_

## Additional information



### SLEEP THE PREVIOUS NIGHT:

- 7+ rested hrs
- 7+ interrupted hrs
- 6-7 quality hrs
- 6-7 interrupted hrs
- <6 hrs



### BOWEL MOVEMENT:

- Constipation
  - Pebbly
  - Firm
  - Loose
  - Diarrhea
- Frequency: \_\_\_\_\_
- Time of Day: \_\_\_\_\_



### HYDRATION:

- <30 fl oz
- 30 fl oz
- 60 fl oz
- 90 fl oz
- 90> fl oz



### NOTABLE SYMPTOMS:

- Fatigue
- Digestion
- Reflux
- Joint Pain
- Mood Swings
- Headaches
- Sleep
- Other: \_\_\_\_\_



### STRESS LEVEL:

- Extreme
  - High
  - Medium
  - Low
  - None
- Stress Reducing Practice:  Breathing,  Meditation,  Journaling,  None,  Other: \_\_\_\_\_



### MOVEMENT:

\_\_\_\_\_





Name: \_\_\_\_\_

Day 6/Date: \_\_\_\_\_

## Nutrition Information

Time	Food or Beverage (including serving sizes)	Reported Symptoms

## Supplements

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## Additional information



### SLEEP THE PREVIOUS NIGHT:

- 7+ rested hrs  
  7+ interrupted hrs  
  6-7 quality hrs  
 6-7 interrupted hrs  
  <6 hrs



### NOTABLE SYMPTOMS:

- Fatigue  
  Digestion  
  Reflux  
  Joint Pain  
 Mood Swings  
  Headaches  
  Sleep  
 Other: \_\_\_\_\_



### BOWEL MOVEMENT:

- Constipation  
  Pebbly  
  Firm  
  Loose  
  Diarrhea  
 Frequency: \_\_\_\_\_  
 Time of Day: \_\_\_\_\_



### STRESS LEVEL:

- Extreme  
  High  
  Medium  
  Low  
  None  
 Stress Reducing Practice:  Breathing,  Meditation,  
 Journaling,  None,  Other: \_\_\_\_\_



### HYDRATION:

- <30 fl oz  
  30 fl oz  
  60 fl oz  
  90 fl oz  
  90> fl oz



### MOVEMENT:

\_\_\_\_\_



Name: \_\_\_\_\_

Day 7/Date: \_\_\_\_\_

## Nutrition Information

Time	Food or Beverage (including serving sizes)	Reported Symptoms

## Supplements

\_\_\_\_\_

\_\_\_\_\_

## Additional information



**SLEEP THE PREVIOUS NIGHT:**

- 7+ rested hrs
- 7+ interrupted hrs
- 6-7 quality hrs
- 6-7 interrupted hrs
- <6 hrs



**BOWEL MOVEMENT:**

- Constipation
  - Pebbly
  - Firm
  - Loose
  - Diarrhea
- Frequency: \_\_\_\_\_
- Time of Day: \_\_\_\_\_



**HYDRATION:**

- <30 fl oz
- 30 fl oz
- 60 fl oz
- 90 fl oz
- 90> fl oz



**NOTABLE SYMPTOMS:**

- Fatigue
- Digestion
- Reflux
- Joint Pain
- Mood Swings
- Headaches
- Sleep
- Other: \_\_\_\_\_



**STRESS LEVEL:**

- Extreme
  - High
  - Medium
  - Low
  - None
- Stress Reducing Practice:  Breathing,  Meditation,  Journaling,  None,  Other: \_\_\_\_\_



**MOVEMENT:**

\_\_\_\_\_

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# My Food is Health

Are you hoping to decrease inflammation, balance blood sugar, restore gut health and improve nutrient deficiencies, so you can show up more fully for your life 🙌? Are you struggling with symptoms like fatigue, joint pain, digestive upset, mood swings and weight gain? If you feel motivated to transform how you feel, join us for the August My Food is Health program. This will give you the benefits of group coaching combined with personalized labs and interventions.

Just click the button below to apply for our August cohort of My Food Is Health! 🙌

APPLY TODAY!