

7 Day Food Log

The 7 Day Food Log is used to track everything you consume throughout the day for a full week. Think about how you are feeling and make sure to take notes. How you feel before and after? Do you feel sleepy after eating? Do you have any gas or bloating? Did you miss a meal? Make sure you log all food and drink along with your energy level and mood so we can support your immune and overall health.

DAY 1

TIME:	TIME:	TIME:	TIME:	TIME:	TIME:	TIME:
BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK	BEVERAGES

Irritability Prior to Eating? Y / N Sleepy After Eating? Y / N Gas or Bloating? Y / N Bowel Movement? Y / N

Energy Level 0-10 _____ Mood 0-10 _____ Sleep 0-10 _____

Notes

DAY 2

TIME:	TIME:	TIME:	TIME:	TIME:	TIME:	TIME:
BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK	BEVERAGES

Irritability Prior to Eating? Y / N Sleepy After Eating? Y / N Gas or Bloating? Y / N Bowel Movement? Y / N
Energy Level 0-10 _____ Mood 0-10 _____ Sleep 0-10 _____

Notes

DAY 3

TIME:	TIME:	TIME:	TIME:	TIME:	TIME:	TIME:
BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK	BEVERAGES

Irritability Prior to Eating? Y / N Sleepy After Eating? Y / N Gas or Bloating? Y / N Bowel Movement? Y / N
Energy Level 0-10 _____ Mood 0-10 _____ Sleep 0-10 _____

Notes

DAY 4

TIME:	TIME:	TIME:	TIME:	TIME:	TIME:	TIME:
BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK	BEVERAGES

Irritability Prior to Eating? Y / N Sleepy After Eating? Y / N Gas or Bloating? Y / N Bowel Movement? Y / N
Energy Level 0-10 _____ Mood 0-10 _____ Sleep 0-10 _____

Notes

DAY 5

TIME:	TIME:	TIME:	TIME:	TIME:	TIME:	TIME:
BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK	BEVERAGES

Irritability Prior to Eating? Y / N Sleepy After Eating? Y / N Gas or Bloating? Y / N Bowel Movement? Y / N
Energy Level 0-10 _____ Mood 0-10 _____ Sleep 0-10 _____

Notes

DAY 6

TIME:	TIME:	TIME:	TIME:	TIME:	TIME:	TIME:
BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK	BEVERAGES

Irritability Prior to Eating? Y / N Sleepy After Eating? Y / N Gas or Bloating? Y / N Bowel Movement? Y / N
 Energy Level 0-10 _____ Mood 0-10 _____ Sleep 0-10 _____

Notes

DAY 7

TIME:	TIME:	TIME:	TIME:	TIME:	TIME:	TIME:
BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK	BEVERAGES

Irritability Prior to Eating? Y / N Sleepy After Eating? Y / N Gas or Bloating? Y / N Bowel Movement? Y / N
 Energy Level 0-10 _____ Mood 0-10 _____ Sleep 0-10 _____

Notes