



a new leaf

Naturopathic Medicine

Food / Activity Journal

Complete 7 Days Please

NAME:		DATE:
TIME	DESCRIPTION OF FOOD INTAKE (INCLUDING INGREDIENTS AND AMOUNT)	NOTES

Total Water Intake: _____

of Bowel Movements: _____ Description: [ex. Size, colour, food seen, consistency...] _____

Other Observations: [gas/bloating, burping, indigestion...]. How long after eating? _____

Main Health Concern [prominence, getting better/worse]: _____

Check what best describes your most predominant mood today:

Happy Content Relaxed Tired Depressed Overwhelmed Stressed Anxious

Pain/Discomfort: _____

Exercise Type: _____ Duration: _____

Bedtime last night: _____ Wake time today: _____ Average energy rating [from 1 to 10 out of 10]: _____