

Holistic Healing Center

Food Journal

Please complete and bring with you a 3-day food journal to your first appointment with our Integrative Functional Nutritionist. Providing an accurate food journal will help me make specific dietary recommendations to support you in reaching your health goals.

Before completing your food journal, please follow the guidelines below:

- Record your intake on two weekdays (Monday-Friday) and one weekend day (Saturday or Sunday). The days recorded do not need to be consecutive days.
- Record your intake on days that you will be making typical food choices. Avoid holidays and special days if possible.
- Record EVERYTHING you eat and drink. Carry your food journal with you so that you can write down what you have eaten immediately. It may be difficult to recall *everything* you have eaten throughout the day if you wait until the end of the day.
- Please be as specific as possible when writing down what you have eaten.
 - List the type of food you ate. Include the brand name too.
 - List the portions for every food item. Estimate as best as you can if you are unsure.
 - List the type of food you ate including all condiments and extras (sauces, gravy, butter, ketchup, mayo, etc.)
 - If you are consuming a combination food, include each food ingredient. For example, if you eat a sandwich, write down what the sandwich was made with (i.e. type of bread, meat, cheese, lettuce, tomato, etc.) as well as condiments (i.e. mayo, mustard, etc.)
 - Make sure you list how the food was prepared: baked, fried, grilled, steamed, roasted, etc.
 - If you go out to eat, include the restaurant name.
- Try not to stress about it! If you are not able to complete this or do not have a full 3 days to provide, still come to your appointment!

Food Journal Day 1

Date: _____

Day of the Week: _____

Time	Food/Beverage Item	Portion
Meals:		
Snacks:		

Food Journal Day #2

Date: _____

Day of the Week: _____

Time	Food/Beverage Item	Portion
Meals:		
Snacks:		

Food Journal Day #3

Date: _____

Day of the Week: _____

Time	Food/Beverage Item	Portion
Meals:		
Snacks:		