



Acupuncture and Herbal Medicine Healthcare
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Food Journal

Name _____

Please keep a 7-day food journal. Record everything you eat and drink (including water) throughout the course of the 7-day period. Record approximate quantities of food and drink consumed as well. It is not necessary to measure everything out, simply estimate the portions. Please include approximate times of food and drink consumption as well. Include snacks as well as meals. Try to follow your normal eating behaviors during this week.

Day 1 Day of Week (i.e. Mon., Tues.) _____

<u>Intake</u>	<u>Approximate Quantity</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Day 2 Day of Week (i.e. Mon., Tues.) _____

<u>Intake</u>	<u>Approximate Quantity</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Day 3 Day of Week (i.e. Mon., Tues.) _____

<u>Intake</u>	<u>Approximate Quantity</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Day 4 Day of Week (i.e. Mon., Tues.) _____

<u>Intake</u>	<u>Approximate Quantity</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Day 5 Day of Week (i.e. Mon., Tues.) _____

<u>Intake</u>	<u>Approximate Quantity</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Day 6 Day of Week (i.e. Mon., Tues.) _____

<u>Intake</u>	<u>Approximate Quantity</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Day 7 Day of Week (i.e. Mon., Tues.) _____

<u>Intake</u>	<u>Approximate Quantity</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contemplate the following questions while keeping your food journal.

Are there particular times of the day during which you feel hungry?

Do you feel fatigue at any particular time of the day?

Do you develop headache or fatigue if you wait too long to eat?

What is your emotional state during your hunger cravings?

Do you have insatiable thirst?

Do you have cravings for sweets?

Are you currently on any special diet and if so, which one?

Do you have any food allergies or insensitivities?
