

STAR SPA

Natural Health & Aesthetics

FOOD JOURNAL

Please journal all intake of food and drink and approximate calories. Fill out the form completely each day as this information is invaluable in determining how your body is responding to the food you are eating and where there can be improvements in your dietary choices. It also gives me understanding of the types of foods you enjoy and like to eat.

	MEAL (FOOD & DRINK)	QTY	CALORIES	MOOD/ENERGY BEFORE	MOOD/ENERGY AFTER
BREAKFAST Time: _____					
SNACK Time: _____					
LUNCH Time: _____					
SNACK Time: _____					
DINNER Time: _____					
	TOTAL				