



Risa Potters, DC

Daily Food Journal

Today's Date: _____

Day of the week: _____

Breakfast: _____ _____ _____ _____	Time: _____ _____	How did you feel (physically, mentally) after eating? _____ How long after eating did you feel hungry again? _____
Lunch: _____ _____ _____ _____	Time: _____ _____	How did you feel (physically, mentally) after eating? _____ How long after eating did you feel hungry again? _____
Dinner: _____ _____ _____ _____	Time: _____ _____	How did you feel (physically, mentally) after eating? _____ How long after eating did you feel hungry again? _____
Snack(s): _____ _____ _____	Time(s): _____ _____	How did you feel (physically, mentally) after eating? _____
Medications and Supplements: _____ _____ _____ _____		How much water did you drink? (1 glass equals 8oz) 