

Girl in Healing

My Food Journal

A template for tracking down your trigger foods
and taking charge of your health



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Today's Date:

Meals/Snacks/Drinks/Supplements

Time

What symptoms have I experienced today?

Bowel Movements (Don't be shy, add the details here!)

Time

Other Notes & Reflection

What connections between diet, symptoms, and bowel movements can I make?
What foods have I tolerated? What foods appear to worsen my symptoms?