



Daily Food Journal

Congratulations! You are taking a giant step to enhancing your lifestyle through total food awareness. This journal is very easy to use.

Don't stress about remembering exactly what you ate and when, or meetings with your doctors any more. Start writing about the food that you eat at each meal and journal about how you feel.

A Gluten Free Food Journal really helped me to see the progress that my mind, body and soul were making through my gluten free journey of discovery. Use the templates below to help you track your progress and measure the difference the gluten free diet is making for you.

Get a 3-ring binder, and print out the daily food journals each week. Fill in the information daily (and make sure to note the date in the corner of each page).

I wish you luck in your gluten free lifestyle journey!

Sending lots of gfree love your way,

Jenna Drew



Daily Food Journal

Monday	What I Ate...	How I Feel Now...	1 Hour Later...	3 Hours Later...
Breakfast				
Lunch				
Dinner				
Snack				
Drink				
Medicine				
Other				

Optional: Age: ____ Weight: ____

Daily Exercise: Yes or No

Other Notable Happenings Today: _____



Daily Food Journal

Tuesday	What I Ate...	How I Feel Now...	1 Hour Later...	3 Hours Later...
Breakfast				
Lunch				
Dinner				
Snack				
Drink				
Medicine				
Other				

Optional: Age: ____ Weight: ____

Daily Exercise: Yes or No

Other Notable Happenings Today: _____



Daily Food Journal

Wednesday	What I Ate...	How I Feel Now...	1 Hour Later...	3 Hours Later...
Breakfast				
Lunch				
Dinner				
Snack				
Drink				
Medicine				
Other				

Optional: Age: ____ Weight: ____

Daily Exercise: Yes or No

Other Notable Happenings Today: _____



Daily Food Journal

Thursday	What I Ate...	How I Feel Now...	1 Hour Later...	3 Hours Later...
Breakfast				
Lunch				
Dinner				
Snack				
Drink				
Medicine				
Other				

Optional: Age: ____ Weight: ____

Daily Exercise: Yes or No

Other Notable Happenings Today: _____



Daily Food Journal

Friday	What I Ate...	How I Feel Now...	1 Hour Later...	3 Hours Later...
Breakfast				
Lunch				
Dinner				
Snack				
Drink				
Medicine				
Other				

Optional: Age: ____ Weight: ____

Daily Exercise: Yes or No

Other Notable Happenings Today: _____



Daily Food Journal

Saturday	What I Ate...	How I Feel Now...	1 Hour Later...	3 Hours Later...
Breakfast				
Lunch				
Dinner				
Snack				
Drink				
Medicine				
Other				

Optional: Age: ____ Weight: ____

Daily Exercise: Yes or No

Other Notable Happenings Today: _____



Daily Food Journal

Sunday	What I Ate...	How I Feel Now...	1 Hour Later...	3 Hours Later...
Breakfast				
Lunch				
Dinner				
Snack				
Drink				
Medicine				
Other				

Optional: Age: ____ Weight: ____

Daily Exercise: Yes or No

Other Notable Happenings Today: _____