

Food Sensitivity Tracking Template

Date:

Today I ate:

How did I feel after I ate? How did my physical body feel?

How did I feel before I ate? Was there something occurring in my life that was causing me to eat?

Physical Reactions:

What foods have you decided to eliminate from your diet because of how they affect your body?

What emotional and/or outside triggers caused you to eat or not eat?

As you tracked your eating habits what did you learn about your eating habits?