Food Experience Journal

Day 1  Good luck on your journey toward better health!

What did you eat today?

Breakfast
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Lunch __________________________________________________________________________________________________
__________________________________________________________________________________________________________

Dinner  __________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Other _____________________________________________________________________________________________________
__________________________________________________________________________________________________________

Food Group Being Re-introduced (circle)  Dairy  Grains  Shellfish   Eggs

Why did I choose it?
Do I feel better or worse after eating it?
Are you experiencing (circle all that apply):

Low energy level  High energy level  Headaches  Digestive issues  Congestion

Other:_______________________________________________________________

Day 2

What did you eat today?

Breakfast _____________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Lunch __________________________________________________________________________________________________
__________________________________________________________________________________________________________

Dinner __________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Other _____________________________________________________________________________________________________
__________________________________________________________________________________________________________

Food Group Being Re-introduced (circle)  Dairy  Grains  Shellfish   Eggs

Why did I choose it?
Do I feel better or worse after eating it?
Are you experiencing (circle all that apply):

Low energy level  High energy level  Headaches  Digestive issues  Congestion

Other:_______________________________________________________________

Day 3

What did you eat today?

Breakfast _____________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Lunch __________________________________________________________________________________________________
__________________________________________________________________________________________________________

Dinner __________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Other _____________________________________________________________________________________________________
__________________________________________________________________________________________________________

Food Group Being Re-introduced (circle)  Dairy  Grains  Shellfish   Eggs

Why did I choose it?
Do I feel better or worse after eating it?
Are you experiencing (circle all that apply):

Low energy level  High energy level  Headaches  Digestive issues  Congestion

Other:_______________________________________________________________

Day 4

What did you eat today?

Breakfast _____________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Lunch __________________________________________________________________________________________________
__________________________________________________________________________________________________________

Dinner _______________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Other _____________________________________________________________________________________________________
__________________________________________________________________________________________________________

Food Group Being Re-introduced (circle)  Dairy  Grains  Shellfish   Eggs

Why did I choose it?
Do I feel better or worse after eating it?
Are you experiencing (circle all that apply):

Low energy level  High energy level  Headaches  Digestive issues  Congestion

Other:_______________________________________________________________

During the post-purification program, write down your experiences with different foods. This will help guide you and your health care professional to determine the best long-term diet for you.
Day 5
What did you eat today?

Breakfast
________________________________________________________________________________________________
________________________________________________________________________________________________
Lunch
________________________________________________________________________________________________
________________________________________________________________________________________________
Dinner
________________________________________________________________________________________________
________________________________________________________________________________________________
Other
________________________________________________________________________________________________
________________________________________________________________________________________________

Food Group Being Re-introduced (circle)  Dairy  Grains  Shellfish  Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):
Low energy level  High energy level  Headaches  Digestive issues  Congestion

Other:

Day 6
What did you eat today?

Breakfast
________________________________________________________________________________________________
________________________________________________________________________________________________
Lunch
________________________________________________________________________________________________
________________________________________________________________________________________________
Dinner
________________________________________________________________________________________________
________________________________________________________________________________________________
Other
________________________________________________________________________________________________
________________________________________________________________________________________________

Food Group Being Re-introduced (circle)  Dairy  Grains  Shellfish  Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):
Low energy level  High energy level  Headaches  Digestive issues  Congestion

Other:

Day 7
What did you eat today?

Breakfast
________________________________________________________________________________________________
________________________________________________________________________________________________
Lunch
________________________________________________________________________________________________
________________________________________________________________________________________________
Dinner
________________________________________________________________________________________________
________________________________________________________________________________________________
Other
________________________________________________________________________________________________
________________________________________________________________________________________________

Food Group Being Re-introduced (circle)  Dairy  Grains  Shellfish  Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):
Low energy level  High energy level  Headaches  Digestive issues  Congestion

Other:

Day 8
What did you eat today?

Breakfast
________________________________________________________________________________________________
________________________________________________________________________________________________
Lunch
________________________________________________________________________________________________
________________________________________________________________________________________________
Dinner
________________________________________________________________________________________________
________________________________________________________________________________________________
Other
________________________________________________________________________________________________
________________________________________________________________________________________________

Food Group Being Re-introduced (circle)  Dairy  Grains  Shellfish  Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):
Low energy level  High energy level  Headaches  Digestive issues  Congestion

Other:
Day 9
What did you eat today?
Breakfast __________________________________________________________________________________________________
__________________________________________________________________________________________________________
Lunch ____________________________________________________________________________________________________
__________________________________________________________________________________________________________
Dinner ____________________________________________________________________________________________________
__________________________________________________________________________________________________________
Other _____________________________________________________________________________________________________
__________________________________________________________________________________________________________
Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs
Why did I choose it?
Do I feel better or worse after eating it?
Are you experiencing (circle all that apply):
Low energy level High energy level Headaches Digestive issues Congestion
Other: ___________________________________________________________

Day 10
What did you eat today?
Breakfast __________________________________________________________________________________________________
__________________________________________________________________________________________________________
Lunch ____________________________________________________________________________________________________
__________________________________________________________________________________________________________
Dinner ____________________________________________________________________________________________________
__________________________________________________________________________________________________________
Other _____________________________________________________________________________________________________
__________________________________________________________________________________________________________
Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs
Why did I choose it?
Do I feel better or worse after eating it?
Are you experiencing (circle all that apply):
Low energy level High energy level Headaches Digestive issues Congestion
Other: ___________________________________________________________

Day 11
What did you eat today?
Breakfast __________________________________________________________________________________________________
__________________________________________________________________________________________________________
Lunch ____________________________________________________________________________________________________
__________________________________________________________________________________________________________
Dinner ____________________________________________________________________________________________________
__________________________________________________________________________________________________________
Other _____________________________________________________________________________________________________
__________________________________________________________________________________________________________
Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs
Why did I choose it?
Do I feel better or worse after eating it?
Are you experiencing (circle all that apply):
Low energy level High energy level Headaches Digestive issues Congestion
Other: ___________________________________________________________

Day 12
What did you eat today?
Breakfast __________________________________________________________________________________________________
__________________________________________________________________________________________________________
Lunch ____________________________________________________________________________________________________
__________________________________________________________________________________________________________
Dinner ____________________________________________________________________________________________________
__________________________________________________________________________________________________________
Other _____________________________________________________________________________________________________
__________________________________________________________________________________________________________
Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs
Why did I choose it?
Do I feel better or worse after eating it?
Are you experiencing (circle all that apply):
Low energy level High energy level Headaches Digestive issues Congestion
Other: ___________________________________________________________
Day 13
What did you eat today?

Breakfast
________________________________________________________________________________________________

Lunch __________________________________________________________________________________________________

Dinner __________________________________________________________________________________________________

Other _____________________________________________________________________________________________________

Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):
Low energy level    High energy level    Headaches    Digestive issues    Congestion

Other:____________________________________________________

Day 14
What did you eat today?

Breakfast
________________________________________________________________________________________________

Lunch __________________________________________________________________________________________________

Dinner __________________________________________________________________________________________________

Other _____________________________________________________________________________________________________

Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):
Low energy level    High energy level    Headaches    Digestive issues    Congestion

Other:____________________________________________________

Day 15
What did you eat today?

Breakfast
________________________________________________________________________________________________

Lunch __________________________________________________________________________________________________

Dinner __________________________________________________________________________________________________

Other _____________________________________________________________________________________________________

Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):
Low energy level    High energy level    Headaches    Digestive issues    Congestion

Other:____________________________________________________

Day 16
What did you eat today?

Breakfast
________________________________________________________________________________________________

Lunch __________________________________________________________________________________________________

Dinner __________________________________________________________________________________________________

Other _____________________________________________________________________________________________________

Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):
Low energy level    High energy level    Headaches    Digestive issues    Congestion

Other:____________________________________________________
Day 17

**What did you eat today?**

Breakfast ____________________________________________________________

Lunch ______________________________________________________________

Dinner ______________________________________________________________

Other ________________________________________________________________

**Food Group Being Re-introduced** (circle) Dairy Grains Shellfish Eggs

**Why did I choose it?**

**Do I feel better or worse after eating it?**

**Are you experiencing** (circle all that apply):

- Low energy level
- High energy level
- Headaches
- Digestive issues
- Congestion

Other: __________________________________________________________________

Day 18

**What did you eat today?**

Breakfast ____________________________________________________________

Lunch ______________________________________________________________

Dinner ______________________________________________________________

Other ________________________________________________________________

**Food Group Being Re-introduced** (circle) Dairy Grains Shellfish Eggs

**Why did I choose it?**

**Do I feel better or worse after eating it?**

**Are you experiencing** (circle all that apply):

- Low energy level
- High energy level
- Headaches
- Digestive issues
- Congestion

Other: __________________________________________________________________

Day 19

**What did you eat today?**

Breakfast ____________________________________________________________

Lunch ______________________________________________________________

Dinner ______________________________________________________________

Other ________________________________________________________________

**Food Group Being Re-introduced** (circle) Dairy Grains Shellfish Eggs

**Why did I choose it?**

**Do I feel better or worse after eating it?**

**Are you experiencing** (circle all that apply):

- Low energy level
- High energy level
- Headaches
- Digestive issues
- Congestion

Other: __________________________________________________________________

Day 20

**What did you eat today?**

Breakfast ____________________________________________________________

Lunch ______________________________________________________________

Dinner ______________________________________________________________

Other ________________________________________________________________

**Food Group Being Re-introduced** (circle) Dairy Grains Shellfish Eggs

**Why did I choose it?**

**Do I feel better or worse after eating it?**

**Are you experiencing** (circle all that apply):

- Low energy level
- High energy level
- Headaches
- Digestive issues
- Congestion

Other: __________________________________________________________________
Day 21

What did you eat today?

Breakfast

Lunch

Dinner

Other

Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):

- Low energy level
- High energy level
- Headaches
- Digestive issues
- Congestion

Other:

Day 22

What did you eat today?

Breakfast

Lunch

Dinner

Other

Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):

- Low energy level
- High energy level
- Headaches
- Digestive issues
- Congestion

Other:

Day 23

What did you eat today?

Breakfast

Lunch

Dinner

Other

Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):

- Low energy level
- High energy level
- Headaches
- Digestive issues
- Congestion

Other:

Day 24

What did you eat today?

Breakfast

Lunch

Dinner

Other

Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):

- Low energy level
- High energy level
- Headaches
- Digestive issues
- Congestion

Other:
Day 25
What did you eat today?
Breakfast
________________________________________________________________________________________________
________________________________________________________________________________________________
Lunch
________________________________________________________________________________________________
________________________________________________________________________________________________
Dinner
________________________________________________________________________________________________
________________________________________________________________________________________________
Other
________________________________________________________________________________________________
________________________________________________________________________________________________
Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs
Why did I choose it?
Do I feel better or worse after eating it?
Are you experiencing (circle all that apply):
Low energy level High energy level Headaches Digestive issues Congestion
Other:
________________________________________________________________________________________________

Day 26
What did you eat today?
Breakfast
________________________________________________________________________________________________
________________________________________________________________________________________________
Lunch
________________________________________________________________________________________________
________________________________________________________________________________________________
Dinner
________________________________________________________________________________________________
________________________________________________________________________________________________
Other
________________________________________________________________________________________________
________________________________________________________________________________________________
Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs
Why did I choose it?
Do I feel better or worse after eating it?
Are you experiencing (circle all that apply):
Low energy level High energy level Headaches Digestive issues Congestion
Other:
________________________________________________________________________________________________

Day 27
What did you eat today?
Breakfast
________________________________________________________________________________________________
________________________________________________________________________________________________
Lunch
________________________________________________________________________________________________
________________________________________________________________________________________________
Dinner
________________________________________________________________________________________________
________________________________________________________________________________________________
Other
________________________________________________________________________________________________
________________________________________________________________________________________________
Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs
Why did I choose it?
Do I feel better or worse after eating it?
Are you experiencing (circle all that apply):
Low energy level High energy level Headaches Digestive issues Congestion
Other:
________________________________________________________________________________________________

Day 28
What did you eat today?
Breakfast
________________________________________________________________________________________________
________________________________________________________________________________________________
Lunch
________________________________________________________________________________________________
________________________________________________________________________________________________
Dinner
________________________________________________________________________________________________
________________________________________________________________________________________________
Other
________________________________________________________________________________________________
________________________________________________________________________________________________
Food Group Being Re-introduced (circle) Dairy Grains Shellfish Eggs
Why did I choose it?
Do I feel better or worse after eating it?
Are you experiencing (circle all that apply):
Low energy level High energy level Headaches Digestive issues Congestion
Other:
________________________________________________________________________________________________
Day 29

What did you eat today?

Breakfast: __________________________________________________________

Lunch:________________________________________________________________

Dinner:________________________________________________________________

Other:________________________________________________________________

Food Group Being Re-introduced (circle):

Dairy  Grains  Shellfish  Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):

Low energy level  High energy level  Headaches  Digestive issues  Congestion

Other: ___________________________________________________________

Day 30

What did you eat today?

Breakfast: __________________________________________________________

Lunch:________________________________________________________________

Dinner:________________________________________________________________

Other:________________________________________________________________

Food Group Being Re-introduced (circle):

Dairy  Grains  Shellfish  Eggs

Why did I choose it?

Do I feel better or worse after eating it?

Are you experiencing (circle all that apply):

Low energy level  High energy level  Headaches  Digestive issues  Congestion

Other: ___________________________________________________________

Visit www.standardprocess.com to download and print more shopping lists.