

Free printable from BIOMIXA

30-Day Gut-Health Food Journal

A month of meals, plants, water, sleep and digestion on a few printable pages. Notice your own patterns, then bring real notes to your doctor or dietitian.

10 pages · US Letter · five days per page

Made by BIOMIXA, Irvine, California. Related reading: Starting colostrum: the first two weeks.

Before day 1

Your starting point

Why a food journal

Digestion is personal and memory is unreliable. Writing down what you ate and how you felt for 30 days often shows simple patterns — a late heavy dinner, too little water, a sudden jump in fiber — that are easy to adjust.

What to record

- **Plants:** count different plant foods (vegetables, fruit, beans, whole grains, nuts, herbs). Variety is the goal.
- **Digestion 1–5:** your overall comfort that day; 3 = usual.
- **Stool form 1–7:** doctors use the Bristol Stool Form Scale; 3–4 is usually described as typical.
- **New things:** mark the day you start any new food or supplement.

Starting a new supplement such as colostrum? Some people notice small changes in the first days. Read gas, bloating and what's normal in the first two weeks.

Baseline (today)

	Today
Usual digestion (1–5)	
Plant foods per day (#)	
Water (glasses)	
Sleep (hours)	
Coffee / alcohol	
Main concern	

My goals for 30 days

See a doctor promptly if

you notice blood in stool, unexplained weight loss, ongoing pain, fever or symptoms that wake you at night. A journal is not a substitute for care.

Days 1–5

Day 1

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 2

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 3

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 4

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 5

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Days 6–10

Day 6

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 7

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 8

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 9

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 10

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 11

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 12

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 13

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 14

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 15

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 16

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 17

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 18

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 19

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 20

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 21

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 22

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 23

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 24

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 25

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 26

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 27

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 28

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 29

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

Day 30

Date _____ Sleep ___ h Water ___ glasses Stress 1 2 3 4 5 Movement ____ min

Meal / time	What I ate & drank	Plants (#)	How I felt after
Breakfast			
Lunch			
Dinner			
Snacks			

Digestion today 1 2 3 4 5 · Stool form (1–7) ____ · Supplements ✓ _____ · Note: _____

After each week

Weekly look-back

Week	Avg digestion	Avg plants / day	Best day — why?	Hardest day — why?	One thing to try next week
Week 1					
Week 2					
Week 3					
Week 4					
Days 29–30					

Patterns I noticed

Questions for my doctor or dietitian

Keep going

Notes, resources and fine print

Thirty days of notes is a good conversation starter with a professional. A few related reads:

- Starting colostrum: what's normal in the first two weeks — digestion notes for new users
- Colostrum vs L-glutamine — how the two compare
- Colostrum vs bone broth — different foods, different jobs
- Colostrum and milk allergy — colostrum is a dairy product
- BIOMIXA — grass-fed bovine colostrum powder, unflavored

Notes

About this printable. Made by BIOMIXA (biomixa.com), a small Irvine, California brand that makes one product: Bluegrass Colostrum, 100% bovine colostrum powder from grass-fed US cows, collected in the first six hours after calving. You are welcome to print and share this file for personal and classroom use. Please do not sell it.

These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease. Not medical advice — talk to your doctor, especially if pregnant, nursing, or allergic to dairy.