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Food Diary (print one page for each day for 5 days)

Name: _____

Day:_____(1, 2, 3, 4, or 5)

Snack

Other/Extra

Date:			
Time of Day (Insert time)	What I Ate (include meals and snacks as well as beverages)	Why I Ate It (hungry, raise energy level, tasted good, filled a craving, was upset, etc.)	How I felt After I Ate (physically, mentally, and/or emotionally; also pay attention to symptoms that occur up to a few days later)
Breakfast			
Snack			
Lunch			
Snack			
Supper			