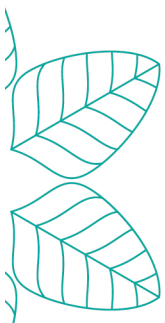


FOOD DIARY

Please fill out the following table for at least 1 full week as honestly and accurately as possible, including any candy, gum, mints, and liquids (water, juice, tea, herbal teas, coffee, soda, alcohol, etc) as well as supplements and vitamins. Describe portions as much as possible using gross measures (half main dish plate, full dessert plate, soup bowl, tablespoon, teaspoon, etc) and also include any fats (type of fat and estimate of amounts) used during cooking, condiments, sauces, etc.

In the Notes section, please include what you were doing just before eating, how you were feeling, whether you felt physical hunger when before eating, what your eating conditions were (sitting at family table, standing, on the go, at desk etc), and how you were feeling within 1-2 hours after the meal (both emotionally and physically – anxious, head wandering, energized, lethargic, bloating, stomach-ache, etc)



Date _____

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Meal and Time (include time under meal type)	Food/Beverage (type and amount)	Notes (before/at meal)	Notes (after meal)			
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Other						

