

Daily Food Diary

What goes in your body is the key to your health.

Each day, record the items you consumed as well as your emotional state. When finished with this, please return.

Name _____

Day 1 Date:

Meal (time: _____)

Meal (time: _____)

Meal (time: _____)

Meat & Dairy

Meat & Dairy

Meat & Dairy

Veggies &

Veggies &

Veggies &

Fruit _____

Fruit _____

Fruit _____

Breads, Cereals &

Breads, Cereals &

Breads, Cereals &

Grains _____

Grains _____

Grains _____

Fats (butters, margarines, oils, etc) _____

Fats (butters, margarines, oils, etc) _____

Fats (butters, margarines, oils, etc) _____

Candy, sweets, & junk food _____

Candy, sweets, & junk food _____

Candy, sweets, & junk food _____

Water (oz) _____

Water (oz) _____

Water (oz) _____

Other drinks _____

Other drinks _____

Other drinks _____

How did you feel before this meal? _____

How did you feel before this meal? _____

How did you feel before this meal? _____

How did you feel/ what were you doing during this meal? _____

How did you feel/ what were you doing during this meal? _____

How did you feel/ what were you doing during this meal? _____

How did you feel, what did you do after, up until a 1/2 hour after the meal? _____

How did you feel, what did you do after, up until a 1/2 hour after the meal? _____

How did you feel, what did you do after, up until a 1/2 hour after the meal? _____

of bowel movements for the day _____

Quality of sleep last night _____
