

Name: _____

Date: _____

Food Diary: Circle day of the week: **Su M Tu W TH F Sa**

Please list everything that you eat and drink with approximate portion sizes (cups, oz., tsps., tbsps., etc.)

Meal	What Eaten AND PORTION SIZE	Symptoms	Environment*
Breakfast or 1st Meal Time:			
Snack Time:			
Lunch or 2nd Meal Time:			
Snack Time:			
Dinner or 3rd Meal Time:			
Snack Time:			

Is this a typical day? ____ Yes ____ No

If not, what is different about your usual diet?
(more or less, different foods, etc.)

Activity: _____

* Environment - Were you sitting down, mindful eating, eating in the car, on the run, etc.