

Health & Food Diary

Date ____/____/____

Breakfast Time of day: _____

Description Amount: Sm. Med. Lg. Ounces

Description	Amount	Sm.	Med.	Lg.	Ounces

Mood: _____ Alone/with others _____

Activity: _____ Intensity: low-medium-high How long _____

Medicine/supplements _____

Snack: _____ TOD: _____ Amount: Sm. Med. Lg. _____

Lunch Time of day: _____

Description Amount: Sm. Med. Lg. Ounces

Description	Amount	Sm.	Med.	Lg.	Ounces

Mood: _____ Alone/with others _____

Activity: _____ Intensity: low-medium-high How long _____

Medicine/supplements _____

Snack: _____ TOD: _____ Amount: Sm. Med. Lg. _____

Dinner Time of day: _____

Description Amount: Sm. Med. Lg. Ounces

Description	Amount	Sm.	Med.	Lg.	Ounces

Mood: _____ Alone/with others _____

Activity: _____ Intensity: low-medium-high How long _____

Medicine/supplements _____

Snack: _____ TOD: _____ Amount: Sm. Med. Lg. _____

Affirmation: _____ Times stated: _____

Visualization: _____ Times visualized: _____

TOD= Time of day