

Food Diary

Day & Date:	
Is today a working day?	
No. hours sleep last night?	
	BREAKFAST
Time	
What did you eat?	
How did you feel after eating?	
(full or hungry)	
	LUNCH
Time	
What did you eat?	
How did you feel after eating? (full or hungry)	
gan or nangry)	DINNER
Time	
What did you eat?	
How did you feel after eating?	
(full or hungry)	
	SNACKS
Details of any snacks eaten and the time you had them	
time you had them	
	EXERCISE
What exercise did you do?	
(type, duration, calories burned if known)	
Known)	
	I .

DRINKS		
What drinks did you have		
throughout the day outside of		
mealtimes?		
HUNGER		
How hungry did you feel when going to		
bed?		
(IJ at an)		
(if at all)		