Food Journal

- Please keep in mind that this is an evaluation of your current eating habits and will be helpful in assessing potential assistive change. With that in mind, please eat as you normally do!
- For accuracy it is best to enter the food consumed directly following consumption.
- Please include method of preparation such as grilled, deep fried, baked, etc.
- In the third column please note any feelings that you had before, during, or after consumption, if you were eating due to a situation other than hunger (such as boredom). Also, note if you didn't feel well after food consumption, any activity that you had during the day such as exercise, and your quality of sleep.

Date/Time	Item Consumed (Food, Beverage, Supplement, Medication)	Comment/Symptom/Activity

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