# Food Diary

Name:_____ Date:_____ Day: S M T W Th F Sa

Were these meals: Typical, Less Than, or More Than Usual?

| Food/Preparation | Time | Serving Size | *Reason/ Place | Calories | CHO | PRO | FAT |
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| **Daily Activity (type and duration)** | **Comments** |
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| **Water** (check one box for each 8-ounce glass) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | |

*Reason: Tired, Stressed, Celebration, Sad, Happy, Hungry, Bored, Craving, etc. Place: Home, Work, Car, Restaurant, etc