

Food Diary for _____ Day: _____

When (time)	Food (preparation, how much)	Hunger Level (0-5)	Situation (place, activity during)	Comments (emotional, physical, mood)
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Pre-breakfast

Breakfast

Morning Snack(s)

Lunch

Afternoon Snack(s)

Dinner

Evening Snack(s)

Other (gum, alcohol, candy, supplements)

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