FOOD DIARY

Patient Name: _____ Date Started: _____

DAY	FOOD & QUANTITY (Put food in *best* fitting category)					Physical or Emotional FEELING
	Grain	Meat	Liquid	Fr. or Veg	OTHER	
EXAMPLE LINE						
Mon	1-1/2 C Shredded Wht		1 C milk	¼ C Blueberry	¼ C Almonds	Energetic; Knee stiff

DAY	FOOD & QUANTITY (Put food in *best* fitting category)					Physical or Emotional FEELING
	Grain	Meat	Liquid	Fr. or Veg	OTHER	