



Food Log for Day/Date _____

	Amount	Food Item	Time	Where	Activity while eating	Mood	Reaction 30 min – 2 hours later
Example	1	candy bar	3pm	at desk	working	tired	want another one
Breakfast							
Lunch							
Dinner							
Snacks & Beverages							

Water intake today (check each 8 oz cup consumed): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ + ☐ ☐ ☐

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