

Food Diary

Date: _____

Energy, mood and sleep today: _____

Meal	Time	What I ate or drank	Portion	Calories	How I felt after
Breakfast					
Lunch					
Dinner					
Snacks					

Water (glasses): _____ Movement today: _____ Day total (calories): _____

Questions or notes for my doctor or dietitian

Counting calories is optional and the sheet prints no target: a doctor or dietitian is the one to say what, and how much, is right for you.