Eating Habits Log

- **Please be specific and detailed with your eating habits log:** spices, oils, how food is prepared Ex. Steamed, fried, baked, or sautéed. Ex: "Dark Roast coffee with Light Cream & Raw Sugar" rather than "Coffee"
- **Include beverages, snacks, gum, mints, and on-the-go items**
- You may print and bring in labels for shakes or foods of concern.

Date:

Breakfast		**How did you feel physically/ mentally?**
Snack		
Lunch		
Snack		
Dinner		
Snack		

Date:

Breakfast		**How did you feel physically/ mentally?**
Snack		
Lunch		
Snack		
Dinner		
Snack		

Date:

Breakfast		**How did you feel physically/ mentally?**
Snack		
Lunch		
Snack		
Dinner		
Snack		

1. What are your “go-to” foods or foods you often have?

   _____
   _____
   _____

2. What foods do you love?

   _____
   _____
   _____

3. What foods are you allergic or sensitive to?

   _____
   _____
   _____

4. What foods do you dislike or “can’t stand”?

   _____
   _____
   _____