

## **Food Diary**

Name:	Start Date:

Instructions: When you eat, please fill in the time and all the foods you ate in the appropriate day and meal type space.

	Time:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast								
Snack								
Lunch								
Snack								
Dinner								
Snack								
Other								

Notes:			

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Patient Education by <u>Michigan Medicine</u> is licensed under a <u>Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License</u>. Last Revised 05/2021