

Name \_\_\_\_\_ Date \_\_\_\_\_

## FOOD DIARY

	Food	Emotional	Physical
Breakfast			
Lunch			
Dinner			
Snacks			

### HEALTHY DAILIES:

Glasses of water	_____
Vegetables and/or fruits	_____
Protein	_____
Healthy fats	_____
Supplements	_____
Movement	_____
Sleep	_____
Self-care	_____