Daily Food Diary - Date:_____

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Time	Food or Drink	Serving Size	Hunger Level (1=starving, 5=full)	Mood	Alone or with others	Where

Drank Water ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Multi-Vitamin ☐
Exercise_____

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