FOOD/SYMPTOM DIARY LEAP FOOD/SYMPTOM DIARY

NAME

_____DATE/S:______WEIGHT_____

Instructions: Record just one food per line. Record all foods, liquids, water and meds consumed. Note also any special activities, weather, illness, and any other observations. Feeling any symptoms at any time? What are they and how severe?

Date/Time	Meds/supplements taken	Food eaten, amounts & description: brand preparation, etc.	Symptoms? What & how severe? Use as many lines as needed for details in each category.