

Date:	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Food						
Beverage						
Time						
Medicine						
Meal duration						
Setting (at home, on the go, eating out, with friends or alone...)						
Feeling before the meal (very hungry, stressed, relaxed...)						
Feeling after the meal (full, still hungry, content, bloated..)						
Bowel movement						
Exercise						