Food and Fluid Record

On Track©

Day Date Time	Food/Drink	Amount	Calories	Fiber (g)	With Whom? Doing What? Why?	Location	Mood Hunger Level	Physical Activity	Medications Supplements Vitamins Blood Sugar/Time
Morning (Waking till lunch)									
Afternoon (lunch till supper)									
Evening (supper till bedtime)									
Midnt Snacks Binges									