THE NEIGHBORHOOD CLINIC

WEEKLY FOOD DIARY

Track meals, hydration, hunger, and how you feel

Name: _____ Week of: _____ Next visit: _____

DAY	MEALS + SNACKS food, portion, time	WATER cups / oz	PROTEIN + FIBER what helped?	HUNGER / FULLNESS before + after	NOTES energy, symptoms, mood
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					

Your notes help your TNC care team see patterns and personalize support.

Bring this diary to your visit. It is not a substitute for medical advice.