

Food Diary

Date	Meal	Food/Beverages	Key Ingredients/Amt (e.g. sodium, caffeine, alcohol)	How did you feel?
	<input type="checkbox"/> breakfast			
	<input type="checkbox"/> lunch			
	<input type="checkbox"/> dinner			
	<input type="checkbox"/> snack			
	<input type="checkbox"/> breakfast			
	<input type="checkbox"/> lunch			
	<input type="checkbox"/> dinner			
	<input type="checkbox"/> snack			
	<input type="checkbox"/> breakfast			
	<input type="checkbox"/> lunch			
	<input type="checkbox"/> dinner			
	<input type="checkbox"/> snack			
	<input type="checkbox"/> breakfast			
	<input type="checkbox"/> lunch			
	<input type="checkbox"/> dinner			
	<input type="checkbox"/> snack			

Convention: Record everything you eat and drink, including water. Where possible, note key ingredients, such as salt/sodium content, especially when you notice a change in your vestibular symptoms soon after your meal.