# FOOD DIARY

<table>
<thead>
<tr>
<th>Date</th>
<th>Meal</th>
<th>Food/Beverages</th>
<th>Key Ingredients/Amt (e.g. sodium, caffeine, alcohol)</th>
<th>How did you feel?</th>
</tr>
</thead>
</table>
|      | □ breakfast
□ lunch
□ dinner
□ snack |                |                                                     |                   |
|      | □ breakfast
□ lunch
□ dinner
□ snack |                |                                                     |                   |
|      | □ breakfast
□ lunch
□ dinner
□ snack |                |                                                     |                   |
|      | □ breakfast
□ lunch
□ dinner
□ 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.

Source: Vestibular Disorders Association (vestibular.org)