



FEEL SAFE



DEAR (FOOD) DIARY... OBSERVATION GRID

DAY	TYPE OF MEAL (breakfast, lunch, dinner, snack)	FOOD CONSUMED	FRESHNESS OF PRODUCT (Fresh/Pre-packaged)	PROVENANCE (Local/National/Imported)	SATISFACTION LEVEL	NOTES
DAY 1						
DAY 2						
DAY 3						
DAY 4						
DAY 5						
DAY 6						
DAY 7						