

Food Diary



Name _____

Instructions: Record all food and fluids you consume for 3 days. Try to pick somewhat usual days for you (i.e. not a holiday). Be sure to include amounts of each item. For example: ½ cup, 2 oz, 5 bites, 1 slice, whole package.

	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Date _____	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Date _____	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Date _____
Breakfast Time _____			
Snack Time _____			
Lunch Time _____			
Snack Time _____			
Dinner Time _____			
Snack Time _____			
Fluids between eating times			