

DAILY FOOD DIARY

Day & Date _____
Breakfast Home Restaurant
 Please Circle

Beverage(s) _____

Mid Morning Snack _____

Beverage(s) _____

Lunch Home Restaurant
 Please Circle

Beverage(s) _____

Mid Afternoon Snack _____

Beverage(s) _____

Dinner Home Restaurant
 Please Circle

Beverage(s) _____

Evening Snack _____

Beverage(s) _____

DAILY VITAMINS

Please List _____

DAILY WATER CONSUMPTION

Number of Glasses _____

EXERCISE

Please List, for example Walking,
Jogging, Tennis, Swimming, Aerobics,
Housework, Gardening

AREAS OF INTEREST

Please Check All That Apply

Weight Loss _____

Cholesterol & High Blood
Pressure _____

Pregnancy Nutrition &
Weight _____

Other Areas Please List

Comments _____
