

**DAILY FOOD DIARY**

Day & Date \_\_\_\_\_  
Breakfast      Home      Restaurant  
                    Please Circle

\_\_\_\_\_

Beverage(s) \_\_\_\_\_

Mid Morning Snack \_\_\_\_\_

Beverage(s) \_\_\_\_\_  
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Lunch              Home      Restaurant  
                    Please Circle

\_\_\_\_\_

Beverage(s) \_\_\_\_\_

Mid Afternoon Snack \_\_\_\_\_

Beverage(s) \_\_\_\_\_  
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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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_