

DIET DIARY

Please record what you eat and drink (including quantities) over the course of 7 days. Please be as specific as possible

<u>Meal</u>	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
Breakfast							
Mid-Morning Snack							
Lunch							
Mid-Afternoon Snack							
Dinner							
Late-Night Snacks							

Name _____

Starting Date _____