

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## FOOD DIARY

**Instructions:** Use this diary to record everything that you eat and drink for one day. Include all foods, condiments, and beverages. Every little “BLT” – bite, lick and taste! Be as accurate as possible with portion sizes by using food labels, measuring cups and food scales if necessary. Please record a minimum of 3 days (1 weekend and 2 weekdays) and bring the forms with you to your appointment.

Circle day of the week:    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Time of day	Type of food & description (method of preparation, etc.)	Amount of food (cups, ounces, Tbsp, tsp)

Vitamins or other supplements:

Additional notes: