

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

**Food Diary:** Circle day of the week: **Su M Tu W TH F Sa**

Please list everything that you eat and drink with approximate portion sizes (cups, oz., tps., tbsps., etc.)

Meal	What Eaten	Brand Name	Portion Sizes
Breakfast or 1st Meal Time:			
Snack Time:			
Lunch or 2nd Meal Time:			
Snack Time:			
Dinner or 3rd Meal Time:			
Snack Time:			

Is this a typical day? \_\_\_ Yes \_\_\_ No

If not, what is different about your usual diet?  
(more or less, different foods, etc.)

Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_