

NAME: _____

DIET DIARY

Please take the time to complete the following survey carefully and accurately. List in detail the quantity and the exact nature of all foods and beverages consumed (i.e. frozen, canned, etc.). Please mention if the foods were raw or cooked. Be sure to list all beverages, all fats or oils and any condiments used (i.e. mayonnaise, mustard, relish, etc). Please complete the exercise activity portion at the bottom as well, listing both the type of exercise and its duration. Please also record any periods of relaxation.

<i>ACTIVITY</i>	<i>DAY 1</i> <i>DAY:</i> <i>DATE:</i>
Morning Meal Time:	
Snack	
Noon Meal Time:	
Snack	
Evening Meal Time:	
Snack	
Water (Cups per day)	
Additional Beverages	
Fats + Oils	
Condiments (Sugar/ salt/ pepper/spices/ herbs etc)	
Exercise Type: Duration:	
Relaxation Type: Duration:	

<i>ACTIVITY</i>	<i>DAY 2</i> <i>DAY:</i> <i>DATE:</i>	<i>ACTIVITY</i>	<i>DAY 3</i> <i>DAY:</i> <i>DATE:</i>
Morning Meal Time:		Morning Meal Time:	
Snack		Snack	
Noon Meal Time:		Noon Meal Time:	
Snack		Snack	
Evening Meal Time:		Evening Meal Time:	
Snack		Snack	
Water (Cups per day)		Water (Cups per day)	
Additional Beverages		Additional Beverages	
Fats + Oils		Fats + Oils	
Condiments (Sugar/ salt/ pepper/ spices/ herbs)		Condiments (Sugar/ salt/ pepper/ spices/ herbs)	
Exercise Type: Duration:		Exercise Type: Duration:	
Relaxation Type: Duration:		Relaxation Type: Duration:	

<i>ACTIVITY</i>	<i>DAY 4</i> <i>DAY:</i> <i>DATE:</i>	<i>ACTIVITY</i>	<i>DAY 5</i> <i>DAY:</i> <i>DATE:</i>
Morning Meal Time:		Morning Meal Time:	
Snack		Snack	
Noon Meal Time:		Noon Meal Time:	
Snack		Snack	
Evening Meal Time:		Evening Meal Time:	
Snack		Snack	
Water (Cups per day)		Water (Cups per day)	
Additional Beverages		Additional Beverages	
Fats + Oils		Fats + Oils	
Condiments (Sugar/ salt/ pep- per/spices/ herbs)		Condiments (Sugar/ salt/ pep- per/spices/ herbs)	
Exercise Type: Duration:		Exercise Type: Duration:	
Relaxation Type: Duration:		Relaxation Type: Duration:	

<i>ACTIVITY</i>	<i>DAY 6</i> <i>DAY:</i> <i>DATE:</i>	<i>ACTIVITY</i>	<i>DAY 7</i> <i>DAY:</i> <i>DATE:</i>
Morning Meal Time:		Morning Meal Time:	
Snack		Snack	
Noon Meal Time:		Noon Meal Time:	
Snack		Snack	
Evening Meal Time:		Evening Meal Time:	
Snack		Snack	
Water (Cups per day)		Water (Cups per day)	
Additional Beverages		Additional Beverages	
Fats + Oils		Fats + Oils	
Condiments (Sugar/ salt/ pep- per/spices/ herbs)		Condiments (Sugar/ salt/ pepper/ spices/ herbs)	
Exercise Type: Duration:		Exercise Type: Duration:	
Relaxation Type: Duration:		Relaxation Type: Duration:	