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.

ACTIVITY	DAY 1
28 26 28	DAY: DATE:
Morning Meal	
Time:	
Snack	
Noon Meal	
Time:	
Snack	
i ng grandi	
Evening Meal	
Time:	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Snack	
	e.
Water	El 1 (4)
(Cups per day)	
Additional Beverages	
Fats + Oils	
Condiments	
(Sugar/ salt/ pepper/spices/ herbs etc)	
Exercise	100 SECTION 1
Type: Duration:	
Relaxation	
Type: Duration:	· · · · · · · · · · · · · · · · · · ·

ACTIVITY	DAY 2 DAY: DATE:	ACTIVITY	DAY 3 DAY: DATE:
Morning Meal	§ 128170	Morning Meal	" The 's law working contingency
Time:	9 " " " " " " " " " " " " " " " " " " "	Time:	
Snack		Snack	
Noon Meal		Noon Meal	
Time:	0 00 0 1 1 Here's 1 1 100 1 200	Time:	
Snack		Snack	
Evening Meal		Evening Meal	
Time:	A 10 00 00 00 00 00 00 00 00 00 00 00 00	Time:	
Snack		Snack	
Water		Water	
(Cups per day)	4 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	(Cups per day)	
Additional Beverages		Additional Beverages	The second secon
Fats + Oils		Fats + Oils	
Condiments (Sugar/ salt/ pepper/ spices/ herbs)		Condiments (Sugar/ salt/ pepper/ spices/ herbs)	en e
Exercise Type: Duration:		Exercise Type: Duration:	
Relaxation Type: Duration:		Relaxation Type: Duration:	

ACTIVITY	DAY: DATE:	DAY 4	ACTIVITY	DAY 5 DAY: DATE:
Morning Meal Time:		Samuel modernic da	Morning Meal Time:	THE RESERVE OF THE PERSON OF T
Snack			Snack	
Noon Meal Time:	10 10 10 10 10 10 10 10 10 10 10 10 10 1	male of the second	Noon Meal Time:	237 479 107
Snack		Sarra)	Snack	
Evening Meal Time:			Evening Meal Time:	# 8,80 # # # # # # # # # # # # # # # # # # #
Snack			Snack	
Water (Cups per day)	7456 PL-6556 III		Water (Cups per day)	
Additional Beverages	an spend		Additional Beverages	
Fats + Oils			Fats + Oils	
Condiments (Sugar/ salt/ pep- per/spices/ herbs)			Condiments (Sugar/ salt/ pep- per/spices/ herbs)	
Exercise Type: Duration:	В		Exercise Type: Duration:	
Relaxation Type: Duration:			Relaxation Type: Duration:	

ACTIVITY	DAY 6 DAY: DATE:	ACTIVITY	DAY 7 DAY: DATE:
Morning Meal Time:		Morning Meal Time:	
Snack	- Lane	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:	