

7-DAY FOOD DIARY

Name: _____

•••••
 Include times
 and
 amounts eaten!
 •••••

BEVERLY MEYER
 Holistic Nutritionist

www.dietandhealthcenter.info

Day 1 - Date: <i>Include times and amounts eaten.</i>			
	BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat/Dairy			
Vegetables/Fruits			
Breads/Cereal/Grains			
Fats (butter, oil, nuts)			
Sweets/sugar/junk			
Water Intake (fl.oz)			
Other Drinks			
	MORNING SNACK Time:	AFTERNOON SNACK Time:	NIGHT SNACK Time:
Snack:			
SLEEP: Hours&Times:	SLEEP QUALITY: (poor) 1 2 3 4 5 (good)		
BOWEL MOVEMENTS: (# and consistency)			
How did you feel today?	Why?		
Day 2 - Date: <i>Include times and amounts eaten.</i>			
	BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat/Dairy			
Vegetables/Fruits			
Breads/Cereal/Grains			
Fats (butter, oil, nuts)			
Sweets/sugar/junk			
Water Intake (fl.oz)			
Other Drinks			
	MORNING SNACK Time:	AFTERNOON SNACK Time:	NIGHT SNACK Time:
Snack:			
SLEEP: Hours&Times:	SLEEP QUALITY: (poor) 1 2 3 4 5 (good)		
BOWEL MOVEMENTS: (# and consistency)			
How did you feel today?	Why?		
Day 3 - Date: <i>Include times and amounts eaten.</i>			
	BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat/Dairy			
Vegetables/Fruits			
Breads/Cereal/Grains			
Fats (butter, oil, nuts)			
Sweets/sugar/junk			
Water Intake (fl.oz)			
Other Drinks			
	MORNING SNACK Time:	AFTERNOON SNACK Time:	NIGHT SNACK Time:
Snack:			
SLEEP: Hours&Times:	SLEEP QUALITY: (poor) 1 2 3 4 5 (good)		
BOWEL MOVEMENTS: (# and consistency)			
How did you feel today?	Why?		
Additional comments about this week:			