

My 3-day Food Diary

Name: _____

	Weekend Day <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Week Day 1 <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	Week Day 2 <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Breakfast			
Snacks			
Lunch			
Snacks			
Dinner			
Snacks			

Please record all the foods and drinks that you consume during the day and record the times these are taken.



Nutrition and Wellbeing Clinic

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