

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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