

## Diet Diary

Please write down everything you eat and drink for four consecutive days. We will go over this together.

Dietary restrictions:

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Day 1 Date

Breakfast

Snack

Lunch

Snack

Dinner

Snack

Total glasses of water

Total glasses of other liquids

Specify which beverages, supplements, herbs, homeopathic remedies, and medications taken

Day 2 Date

Breakfast

Snack

Lunch

Snack

Dinner

Snack

Total glasses of water

Total glasses of other liquids

Specify which beverages, supplements, herbs, homeopathic remedies, and medications

taken

Day 3 Date

Breakfast

Snack

Lunch

Snack

Dinner

Snack

Total glasses of water

Total glasses of other liquids

Specify which beverages, supplements, herbs, homeopathic remedies, and medications taken

Day 4 Date

Breakfast

Snack

Lunch

Snack

Dinner

Snack

Total glasses of water

Total glasses of other liquids

Specify which beverages, supplements, herbs, homeopathic remedies, and medications taken