

**Patient Name:** \_\_\_\_\_

<b>Date:</b>	<b>Date:</b>	<b>Date:</b>
<b>Food</b> <i>(Write down the foods you eat and portion size )</i>	<b>Food</b> <i>(Write down the foods you eat and portion size )</i>	<b>Food</b> <i>(Write down the foods you eat and portion size )</i>
<b>Time:</b> <u>Breakfast</u>	<b>Time:</b> <u>Breakfast</u>	<b>Time:</b> <u>Breakfast</u>
<b>Time:</b> <u>Snack</u>	<b>Time:</b> <u>Snack</u>	<b>Time:</b> <u>Snack</u>
<b>Time:</b> <u>Lunch</u>	<b>Time:</b> <u>Lunch</u>	<b>Time:</b> <u>Lunch</u>
<b>Time:</b> <u>Snack</u>	<b>Time:</b> <u>Snack</u>	<b>Time:</b> <u>Snack</u>
<b>Time:</b> <u>Dinner</u>	<b>Time:</b> <u>Dinner</u>	<b>Time:</b> <u>Dinner</u>
<b>Time:</b> <u>Snack</u>	<b>Time:</b> <u>Snack</u>	<b>Time:</b> <u>Snack</u>
<b>Exercise</b> Y N	<b>Exercise</b> Y N	<b>Exercise</b> Y N
<b>Water intake</b> 0 0 0 0 0 0 0 0 0	<b>Water intake</b> 0 0 0 0 0 0 0 0 0	<b>Water intake</b> 0 0 0 0 0 0 0 0 0