

**Food Diary** Client Name \_\_\_\_\_

Diary Date: \_\_\_\_\_

Please fill one section per meal including snacks. If you skipped a meal, and/or skipped a snack, simply leave blank. Fill in water, supplements and exercise.

Meal - Upon Rising

Time of Meal: \_\_\_\_\_

Portion: \_\_\_\_\_ What I ate or drank: \_\_\_\_\_



Meal - Breakfast

Time of Meal: \_\_\_\_\_

Portion: \_\_\_\_\_ What I ate or drank: \_\_\_\_\_



Meal - Morning Snack

Time of Meal: \_\_\_\_\_

Portion: \_\_\_\_\_ What I ate or drank: \_\_\_\_\_



Meal - Lunch

Time of Meal: \_\_\_\_\_

Portion: \_\_\_\_\_ What I ate or drank: \_\_\_\_\_



Meal - Afternoon Snack

Time of Meal: \_\_\_\_\_

Portion: \_\_\_\_\_ What I ate or drank: \_\_\_\_\_



Meal - Dinner

Time of Meal: \_\_\_\_\_

Portion: \_\_\_\_\_ What I ate or drank: \_\_\_\_\_



Meal - Afternoon Snack

Time of Meal: \_\_\_\_\_

Portion: \_\_\_\_\_ What I ate or drank: \_\_\_\_\_



Water Intake (#of cups): \_\_\_\_\_

Supplements: (list) \_\_\_\_\_

Special Health Concerns: \_\_\_\_\_

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