

Patient Name:

Day					Day					Day				
		Serving					Serving					Serving		
Time	Food (Write down the foods you eat and portion size)	CHO	Protein	Fat	Time	Food (Write down the foods you eat and portion size)	CHO	Protein	Fat	Time	Food (Write down the foods you eat and portion size)	CHO	Protein	Fat
	<u>Breakfast</u>					<u>Breakfast</u>					<u>Breakfast</u>			
	<u>Snack</u>					<u>Snack</u>					<u>Snack</u>			
	<u>Lunch</u>					<u>Lunch</u>					<u>Lunch</u>			
	<u>Snack</u>					<u>Snack</u>					<u>Snack</u>			
	<u>Dinner</u>					<u>Dinner</u>					<u>Dinner</u>			
	<u>Snack</u>					<u>Snack</u>					<u>Snack</u>			
<u>Exercise</u> Y N					<u>Exercise</u> Y N					<u>Exercise</u> Y N				
<u>Water intake</u> 0 0 0 0 0 0 0 0					<u>Water intake</u> 0 0 0 0 0 0 0 0					<u>Water intake</u> 0 0 0 0 0 0 0 0				