



Name: _____ Date: _____

Prior to your nutrition counseling session, complete this food diary. Track all foods, snacks and beverage, gum, candy consumed in one day. Print out a sheet for each day that you will have analyzed. Bring this completed form to your first appointment.

Time	What did you eat? Include brand name if able to	Portion size consumed
Example: 8:00 a.m.	Cornflakes 2% milk Coffee with cream and sugar	1 cup 8 oz. 16 ozs.- 1 tsp cream and 1 tsp sugar

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