Name: ____ Date of Birth: ____________________

Food Diary: Please record everything that you eat and drink for three days. Include all beverages, cream and sugar added to beverages, condiments added to foods such as salad dressings or spices, candies and gum, also include supplements and medications. Basically everything you ingest for the next three days. Also track when you awake each day and when you go to sleep each day.

Time	Food / Beverage Items (or awake / bedtime)	Amount (cups, oz, tsp)	Location (Home/Away)