

## Diet Record

Name \_\_\_\_\_

Date \_\_\_\_\_

**Breakfast** (3-4 different options; note if they tend to skip breakfast)

Time:

**Notes**

Food cravings?

Sweet tooth?

**Snack**

Time:

Food allergies?

**Lunch** (3-4 different options; note if they tend to skip lunch)

Time:

Often hungry?

**Snack**

Time:

**Dinner** (3-4 different options; note if they tend to skip dinner)

Time:

**Dessert / Snack**

Time:

**Beverages** (Record number of glasses/cups consumed per day)

Water

Coffee

Tea

Alcohol

Juice