

FOOD AND DRINKS DIARY

Name: _____

Please complete this diet report for 7 days. Be sure to list all food, beverages and supplements consumed each day. Indicate type of grains and breads and whether foods are eaten raw or cooked and how they are cooked – eg. *cod fish – poached, zucchini-steamed, salad-romain lettuce, cabbage, peppers and cauliflower.*

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Morning meal							
Noon meal							
Evening meal							
Snacks & food eaten at other times							
How do you feel? List Symptoms.							

