

Food Diary

- How many meals are prepared outside of the home per week?

- Name the three most common locations or types of restaurants where you eat or purchase take-out? (e.g. Mexican, fast food, cafeteria)

- List any food allergies or intolerance's: _____
- List food(s) you won't eat: _____
- What are your goals related to food and nutrition?

Please record in the spaces below all food, beverages, and supplements consumed throughout one weekday and one weekend day.

Day 1	Time	Food, Beverage, or Supplement	Amount	Preparation Method
Day 2	Time	Food, Beverage, or Supplement	Amount	Preparation Method