

No-Fad Diet

Food Diary Page

Date: _____ Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

TIME & PLACE	FOOD OR BEVERAGE (type and amount)	CALORIES	WHAT PROMPTED YOU TO EAT?
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			

TOTAL Daily Calories: _____