

Diet Diary

PLEASE LIST EVERYTHING YOU EAT OR DRINK FOR THREE FULL DAYS:

Day One

Day Two

Day Three

Breakfast:

Lunch:

Dinner:

Snacks:

How many times a week do you eat in a restaurant?

___ Breakfast

___ Lunch

___ Dinner

What type of restaurants? _____

Favorite foods? _____ Foods you dislike? _____

Do you crave sweets? _____ When? _____

Do you salt your food? _____ Before or after tasting? _____

Presently, are you on any specific type of diet? _____

Do you feel good about your body and your current weight? _____

Would you like to decrease or increase your weight? _____

When did you last have a significant weight change? _____